RURAL OLDER AMERICANS: UNANSWERED QUESTIONS

HEARING
BEFORE THE
SPECIAL COMMITTEE ON AGING
UNITED STATES SENATE
NINETY-SEVENTH CONGRESS
SECOND SESSION

WASHINGTON, D.C.

MAY 19, 1982

Printed for the use of the Special Committee on Aging

U.S. GOVERNMENT PRINTING OFFICE
97-038 O WASHINGTON : 1982

For sale by the Superintendent of Documents, U.S. Government Printing Office
Washington, D.C. 20402

S141-18

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RURAL OLDER AMERICANS: UNANSWERED QUESTIONS

WEDNESDAY, MAY 19, 1982

U.S. SENATE,
SPECIAL COMMITTEE ON AGING,
Washington, D.C.

The committee met, pursuant to notice, at 9:45 a.m., in room 5302, Dirksen Senate Office Building, Hon. Larry Pressler, presiding.

Present: Senators Pressler, Grassley, and Burdick.

Also present: John C. Rother, staff director and chief counsel; Karen Leichtnam, legislative assistant to Senator Pressler; Angela Thimis, staff assistant; and Eugene R. Cummings, printing assistant.

OPENING STATEMENT BY SENATOR LARRY PRESSLER, PRESIDING

Senator PRESSLER. I call this meeting to order.

This is a Senate Aging Committee hearing on "Rural Older Americans: Unanswered Questions." The purpose of this hearing is somewhat unique. It is to build a record regarding older Americans who live in smaller towns and rural areas.

Now, there are several issues here. People might say: "Why is it important to look into the circumstances of rural Americans who are elderly?" There are many facts we need to know. We want to find out if their retirement habits are different, if their health care needs are different. I find in visiting many small towns in my State that a lot of the rural elderly live in near poverty, because of the high fuel bills, lack of transportation, and certain problems that face them that do not face urban residents.

This committee has held a number of field hearings on this subject over the past 2 years, but this is the first one which will approach this subject from a national perspective. Because my home State of South Dakota is predominantly rural, I feel a special concern for the problems of older persons living in rural areas. There are more than 5 million people over age 65 living in rural areas, and I firmly believe that we must establish a national priority to determine the needs of these people.

As most of us who have been involved in these programs know, the lack of transportation has been repeatedly cited as a major problem for rural older Americans. While this is clearly true, I have begun to wonder if the problem does not go deeper than that. There is a great deal we do not know about the problems of our rural citizens. I fear that many of our programs have been designed for urban areas, and then indiscriminately applied to rural areas as an afterthought. I am not at all sure that the problems of our rural older citizens have been considered separately, but I think that they must.

In the Older Americans Act, "rural communities" are defined as those with less than 10,000 people. There are a number of problems that are especially serious for those living in these small towns and farms throughout the country. Many farm homes are older dwellings with inadequate insulation. This can cause winter heating bills to become a terrible burden for retirees living on fixed incomes. There are also indications that rural senior citizens may have greater problems of income maintenance and may suffer from poorer physical health than their urban counterparts. Despite indications of trends like these, there is very little systematic study of the special problems of rural senior citizens.

Even though the Federal Government collects an amazing body of statistical information, there is very little available, for instance, on the subject of rural retirement patterns. With cutbacks in staff in Federal agencies, it is highly unlikely that any new statistics will be collected, and yet I think that the documentation of trends like these could be very important in determining long-term solutions for the stability of the social security system.

In other areas, it would be very useful to have better information concerning the recipients of current health care, nutrition, and other programs. This information would help planners and lawmakers decide how to best target the use of tax dollars. The ability to do so becomes increasingly important as the competition for Federal dollars becomes more fierce. I have been a strong defender of Federal funding for programs for older Americans, but I know that the case for these programs could be made much stronger with appropriate supporting data.

There are a number of untested hypotheses now circulating in regard to the rural older American that could make a real difference in the way we plan for services, if they could be tested and proven. Some researchers have suggested, for instance, that rural people may have stronger support from their families and friends than do those in urban settings. Others have presented the theory that the rural elderly have less contact with their families than do city dwellers because of a simple lack of proximity. The substantiation of either of these theories could make a significant difference in the kind of services provided for rural elderly, if only we knew which was true.

It is my hope that our witnesses today will be able to offer some information about the true status of rural older Americans and offer a clearer indication of where our legislative efforts should be focused, in the future, in order to best provide for the needs of rural older America.

So that is the purpose of the hearing, to take a look at this special segment and to see if there are differences that we need to be aware of as policymakers.

I now call on my friend, Senator Burdick.

Senator **Burdick**. Thank you, Mr. Chairman.

In the interest of time, I ask unanimous consent that my opening statement be placed in the record so we can get on with the hearing.

Senator **Pressler**. Without objection, it is so ordered.

[The prepared statement of Senator Burdick follows:]

Statement of Senator Quentin N. Burdick

Mr. Chairman, I am glad that you are holding this hearing today. As you may know, I recently held two hearings in North Dakota which focused on health care for the rural elderly—one on this topic specifically, and a second on long-term health care and the options available in the more rural areas of our country.

We do not yet have all the figures in on the rural elderly, but we do know that over one-third of America's older population lives in rural areas. And we know that they have special problems—inadequate transportation and a chronic shortage of health professionals, to name two of the major ones in the health area. In North Dakota, almost half of our counties are officially designated health shortage areas, and eight do not even have a practicing physician. Over 80 percent of our doctors serve people in the most populous counties, leaving 43 percent of the people to be served by less than 20 percent.

These statistics mean problems when it comes to providing health care, especially for the elderly. It is often difficult for the rural elderly to get to a doctor, and because of this, they tend to go less. Several providers at our hearings spoke out strongly about the need for more preventive health care to counteract this problem. In some of the larger senior centers in North Dakota, doctors, dentists, and nurses are volunteering their time to provide such care to those who come to the centers. This is a good idea for those in the larger towns, but in small communities where there is only one doctor or none at all, it cannot work. In these communities, however, a mobile health van, staffed by a nurse, could make a big difference. A nurse or similar health professional who has mobility to travel to several smaller centers would help to solve both the transportation problem and the accessibility problem. This is an idea that has already been implemented in some States, and I think it is a practical alternative for rural areas.

Another statistic we know is that our most rural communities are shrinking, leaving the old people there while the younger ones go off in search of better economic opportunities. This is a trend that feeds upon itself and creates terrible problems for the older people left behind.

Today's economic problems make this problem especially acute. Today even a prosperous rural community is seriously hurt by the recession, by high interest rates and low farm prices. This kind of economy only speeds up the abandonment of the countryside. And it only creates more serious problems of isolation and inaccessibility for the rural elderly. I think it is important for us to remember that a prosperous farm economy benefits more than just the farmers. It means a healthy rural America, communities where doctors and nurses are content to practice, where young people can find jobs, where there are enough people to provide a community of support and where, as a result of all this, rural senior citizens can enjoy happier and healthier lives.

With this hearing and the others we have held to investigate the special problems of the rural elderly, this committee is building a good base of knowledge about the needs of the rural elderly. I look forward to working with the Senator from South Dakota, our chairman, and the other members of this committee to find the appropriate solutions.

Senator **Pressler**. I first would like to call on Ruth Kobell, legislative assistant, National Farmers Union, Washington, D.C.

STATEMENT OF RUTH E. KOBELL, WASHINGTON, D.C., LEGISLATIVE ASSISTANT, NATIONAL FARMERS UNION

Ms. **Kobell**. Thank you, Senator Pressler and Senator Burdick. I appreciate the opportunity to be here to talk about what I see as some of the problems and concerns of rural older people that we need to address.

I looked around for some of the resources that were available to tell us at least what the problems were, and I found several.

I was interested to note that Senator Dick Clark of this committee held field hearings 5 or 6 years ago on rural elderly, and I have attached to my statement an article [1] developed by rural women regarding the problem. I also had the opportunity to talk about older rural women at a special advisory committee down at the Department of Health and Human Services. I asked a group of our own Farmers Union women, who were between 45 and 65 to list their concerns and their interests, and I have attached that to my statement because I think it outlines the problems that older people themselves see, and I think this perhaps is most important.[1]

One of the great resources we have in looking at this issue has been the report of the Rural White House Mini-Conferences which were convened by Green Thumb in a series of six conferences across the country. Over 650 older people who served as delegates drafted, under some nine headings, their concerns and their recommendations. I would hope that the report which was put into the hands of each delegate to the White House Conference might be considered as a part of your hearing record,[2] because I think it outlines rather carefully a lot of the discussion and the direction that those folks gave.

You outlined a lot of the problems that we recognized. Transportation is one. Our railroads are not even hauling very much farm produce anymore. They are certainly not hauling people in most places. I react to almost any given rural problem by thinking about my own home county in Montana—Blaine County—which was transversed by the Great Northern Railroad. I recognize that transportation is difficult not only because we do not have public transportation in most of our small towns, we do not even have taxis for those who have to occasionally use one. Many older people have problems keeping a car or getting insurance. There is a tendency to assume that when you hit 70 years old, you are probably not a safe driver without any further consideration or testing. If you do not have insurance, you cannot drive a car, you are isolated regardless of the fact that you may have good health and a wide variety of interests.

We have been excited with the development of the so-called senior citizen buses, which provide transportation in small towns as well as larger cities. In many rural communities, they in fact go out into the country maybe once a week, and it has been a great help.

Employment was the second concern of the people who attended the miniconferences. We have been proud of the fact that the senior community service employment program has developed a demonstration of ways in which older people as a resource in their community can supplement their incomes. I think you are very right that we do not know enough about retirement income. We do know that farmers were not brought under social security until 1955, and that farm income has for many years been so low that farmers have not been able to pay more than the minimum social security tax into the fund, and so when they retire, they have less retirement income.

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[1] Retained in committee files.

[2] See appendix, item 1, page 45.

We know that in many small towns and rural areas, wage levels are lower, and therefore, again, people pay less into the social security program. And social security overall is, I think, the most important source of retirement income, because many small businesses do not have the resources to develop an adequate private pension program. So income was a very important concern.

Nutrition was an important concern. You would think that certainly, people out close to the farms would not have to worry with nutrition. But again, back to transportation, it is often very difficult to get into town to buy groceries. I was interested a couple of years ago in a seminar that the Swedish Embassy hosted. They said that in Sweden, the rural mail carriers, as part of their responsibility, can bring groceries out, or medicine, or other things for isolated rural people. And I had thought since that perhaps it is one of the resources that we should look at, because we still have, in most areas, at least some rural mail service yet, although it is disappearing.

I think a major concern—and this is not isolated to rural areas, but I think it becomes increasingly important—is the opportunity for older people to stay in the mainstream of their communities. This includes not only helping out on a volunteer basis, which many people do automatically, and do not even count all of the volunteer work they do, but being involved in policymaking, whether it is sitting on the school board, or county commissioners, and so on.

So I am delighted that you have called this hearing. I hope it is one step in moving ahead to best use the resources, because I am sure you are very right; our resources are going to be limited. One of my concerns, as we move to a greater emphasis on local government, is that the pressures on local government are many, and that the funds available may be under great pressure to be used for infrastructure such as repair of bridges and highways, and sometimes slight the human resource needs of additional services for people, young or old.

I am delighted that you have a number of other witnesses to bring special expertise to this area, and I would like to stop there. I would hope that my statement might be included in the record, and I would be happy to answer any questions.

Senator PRESSLER. Ruth, we thank you very much. Your prepared statement will be entered into the record at this point.

[The prepared statement of Ms. Kobell follows:]

PREPARED STATEMENT OF RUTH E. KOBELL

Mr. Chairman, I am Ruth E. Kobell, legislative assistant, National Farmers Union, Washington, D.C. We appreciate the opportunity to discuss with you the special concerns of older women and men in rural communities. We believe it is important to identify what we do know and what information is not available about the condition of older people and the access to and delivery of services in rural communities.

We do know that the greatest out-migration of people in recorded history took place in the first half of this century in the United States with the exodus of people from the farms to the city. The revolution in agriculture forced many off the farms and into urban settings for which they were ill-trained. It left many older people without jobs that used their traditional skills and put them into pockets of poverty in small towns and down country lanes.

We understand that the latest census figures confirm that this trend out of rural America has reversed and people are now returning to rural communities to make their homes, both during their working years and during their retirement.

On February 8, 1982, Secretary of Agriculture John Block transmitted to the Senate and House Agriculture Committees a progress report called for by the Rural Development Policy Act of 1980. It reports that rural areas grew significantly during the 1970's—in population by 15.8 percent and in employment by 28.5 percent. Their relative income positions also improved, although that improvement appears to have ceased by the mid-1970's. Rural incomes are still only 80 percent of metropolitan area incomes.

Nonmetro population totaled 63 million in 1980 (using 1974 SMSA boundaries), 28 percent of the United States total. From 1970 to 1980, the nonmetro population growth rate exceeded the urban growth rate for the first time in 160 years. Nonmetro areas grew by more than 8 million people, at least 3.5 million of whom migrated from metro areas. This growth took place in every region of the country, although some 450 rural counties (primarily in the Great Plains, the Corn Belt, and the Mississippi Delta) continued to lose population.

In 1979, nonmetro nonfarm employment totaled 21.5 million (23 percent of total United States nonfarm employment).

Farming continues to be a leading source of income, providing 20 percent or more of proprietors' and laborers' income in nearly 670 rural counties.

I believe it is particularly important that you have instituted this line in inquiry, because while we are beginning to study more closely the breakdown between metropolitan and nonmetropolitan conditions, there has been little or no statistical information gathered specifically about rural older people and the delivery of services to them. There is often much more detailed information about crop and livestock production then about this important and growing population of rural America. I am delighted that you have invited Calvin Beale, program leader of the Economic Research Service at the U.S. Department of Agriculture to provide you an analysis of census information regarding rural people and their living patterns. Mr. Beale has been recognized for many years as the outstanding specialist in areas of what we know about rural development.

Just last fall, we were reminded that our information about the impact of Federal expenditures on rural senior citizens was limited when congressional offices asked the Social Security Administration how many of their constituents would be harmed by a cutoff of minimum benefits under social security. The Social Security Administration was not able to provide that information without a special computer run. Their information was simply not broken down on a rural urban basis.

One of the best ways to learn about the concerns of rural citizens is to ask them. I was interested to note that Senator Dick Clark, a member of this Senate Special Committee on Aging held a hearing in August of 1976 regarding the problems of rural elderly. Part of that hearing was testimony presented on "Problems of Older Women in Rural Areas," which was inserted in the Congressional Record and which I am attaching as part of your hearing record.

It will be useful to compare the concerns and needs of 5 or 6 years later.

When I was asked to speak on "The Profile and Needs of Rural Women 45 to 65 Years" to the Secretary's Advisory Committee on the Rights and Responsibilities of Women in the Department of Health and Human Services in October 1980, I asked a group of Farmers Union women between the ages of 45 to 65 who were attending our Farmers Union Women's Conference to give me their recommendations. I am attaching a copy of their recommendations which included the need for improved educational opportunities and job training, the gaps in social security for farm people, need for improved health care and opportunities to move into community leadership, career development and retirement.

Another opportunity to ask rural people about their concerns was provided when Green Thumb acted as convener of the rural miniconferences for the 1981 White House Conference on Aging. Two thousand rural citizens, including 650 delegates and many other rural leaders met in six conferences during the summer and fall of 1980 to discuss in detail recommendations for the problems facing rural older people. I am attaching a copy of the report prepared from the conferences and would hope that it might be included as part of your hearing record.[1]

The report, which was put in the hands of all delegates to the 1981 White House Conference on Aging, pointed out that over one-third of our Nation's elderly (60 years plus) live in rural America. Nineteen percent of older rural citizens have incomes below the poverty level.

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[1] See appendix, item 1, page 45.

The six rural miniconferences followed a large number of local discussions and district and State meetings to review in detail the concerns of rural communities for their senior citizens.

Recommendations were made under nine broad headings and almost all of them emphasized the importance of transportation in rural areas as a key component.

Our transcontinental railroads help to settle the farms and rural communities of this Nation. Our farm-to-farm market roads fed the produce of our farms into the railroads for transport from ocean to ocean and later the interstate highway system moved produce and people.

But we who grew up in rural areas recognize that transportation of people has always relied on the horse drawn wagon or the motor car. For the most part, the trains still left running do not provide much passenger service. The large bus companies operate only between town and cities. Many small towns are simply isolated from any public transportation.

Over 50 percent of older people living in rural areas do not own a car. Without transportation many older rural people who could and would like to work cannot simply because they have no way of getting to and from a job.

Furthermore, many elderly and rural citizens who enjoy good health are confined to their homes because they don't own a car, cannot afford to drive a car or simply do not drive. Remember that a woman who is now 70 grew up at a time when cars were very scarce. They may or may not have had an opportunity to learn to drive in later years. Often it is difficult for older people to get or keep automobile insurance even though they have driven for many years. They dare not drive without it.

Local officials know that transportation is often the one ingredient that makes all other programs or services work.

Employment was the second ranking issue of the delegates to the rural conferences. Our Green Thumb program has demonstrated how anxious older people are to continue to work and contribute to the well-being of their communities.

Employment opportunities are often limited in small towns and rural communities and the job training, education and placement are often limited. In many rural States, the Employment Service may have offices only in one-half or one-third in the counties in a rural State. A rural resident may have to travel many miles, at considerable personal expense even to register with the Employment Service and so be recognized as seeking work. Many older rural citizens who would like to work are simply not even counted as part of the work force, how many we do not know. Many employment training and programs have tended to concentrate in larger urban areas and so again many rural, particularly older, citizens are deprived of the opportunity for skills training.

Housing problems among the rural elderly are acute and often tragic in human terms. Many elderly rural persons are living in substandard housing with inadequate plumbing or sewage facilities, or none at all, and many still have unsafe sources of drinking water. Sixty percent of all our Nation's substandard housing is in rural America, and one of four such homes are occupied by an older person or family.

Comparatively, I believe more older rural citizens own their own home but many of them are over 50 years old and are not energy efficient so that they use a great deal of costly energy in providing heat. We are happy that in South Dakota and other States, crews of Green Thumb workers have been able to weatherize and repair homes of older low-income citizens but much, much more needs to be done.

Congregate housing has been built in many small towns and I think that it is one of the important contributions which Federal housing programs have made. I am delighted to know that people in Montana with whom I have worked are able to move into an apartment in the county seat or even in the small town close to where they farmed so they can continue to maintain their community ties.

But I would expect that not enough of these are available to meet the needs. We need to know what the need is. Mortgage money for owner occupied housing is often scarce in rural areas, as in financial assistance to private developers for the building of multifamily housing affordable to low and moderate income older persons.

Nutrition is extremely important for older citizens and those living in rural areas would seem to have ready access to the source of food from our productive American farms. But again transportation often makes it difficult to "get to town" to buy groceries or to apply for food stamps. The nutrition programs developed under the Older Americans Act had been particularly important in providing not only well balanced meals but an opportunity to socialize for those older people who can get to the center.

But many times the senior citizens bus only reaches down a country road once a week or once every 2 weeks, and if we continue to cut back on public funds to support these fragile rural transportation networks those older people who rely on them for transportation will again be cut off from needed services.

I have been encouraged to note in the reports of our Green Thumb workers that an increasing number of our workers have been able to build solar green houses to grow seedlings and to grow food for senior centers and other community uses. They help in developing community gardens or plowing up a garden spot for an older person in the community. Again this helps in maintaining both the health and well being of rural senior citizens who often do have the space to have a garden but may not be able to physically dig it up.

Two recommendations of the conference delegates was that food stamps should be mailed directly to rural elderly residents and that surplus commodities held by the U.S. Department of Agriculture should be distributed to charitable and nonprofit organizations. They also recommended that alternative processing techniques be developed using volunteer labor for gleening excess crops and in community canning centers. I notice that one Green Thumb crew runs a solar green house during the winter, uses it during the summer to dry fruits for better storage.

The problem of skyrocketing energy costs strikes at those most vulnerable and least able to pay, the rural elderly. They depend on costly private transportation and as we have mentioned before they are most likely to live in poorly insulated housing, with little or no economic resources for improving it. They find the personal freedom rewarding and being able to stay in their own homes, which may not have a great resale value, still is the best use of their limited income.

Retirement income and economic well being are overriding concerns of rural older people. Farm income has fluctuated so that not since the early 1950's have farmers received a parity price for their products. In many years, net farm income has been so low that farmers have been able to pay only the minimum social security tax, thus cutting their eventual retirement income. Farmers were not brought under the social security program until 1955 and so do not have a long history of contribution. Farm women are particularly disadvantaged because although they contribute materially to the farm operation they are not able to pay into social security in their own right without special incorporation of the family farm.

Wage levels in rural communities have also often been low so that many older rural residents were not able to earn maximum social security coverage and for many of them this is their only source of retirement income. Many small businesses have not been in a position to develop private pension programs. We need to know just what the statistics are in this area.

Health care delivery is a major challenge for all rural residents. Again, distance and transportation costs increase the difficulty and the affordability of health care. The Federal Hill-Burton Hospital Construction legislation helped to provide hospital facilities in many rural areas. But many doctors have chosen to practice in more lucrative settings and we have been slow to develop the alternate health care delivery that might begin to meet some of the needs in rural communities.

It is particularly important for rural older people to have adequate health care as close to home and supporting community structures as possible. Yet often the only solution is to place an ill or disabled older person in a nursing home far from friends and family. Isolation in this case as in other cases is a major disabling situation.

Nothing is so fundamental or important to the quality of life to older rural Americans than having the opportunity to fully participate in the social and spiritual life of their community. Too often we tend to isolate people on the basis of age, asking them to "go sit in the rocking chair" outside the mainstream of community responsibility involvement. The network of social and emotional support required to make life meaningful is gained through the associations and fellowships of family, friends, neighbors, church and community social and economic affairs.

The development of rural electrification has been critically important in raising the living standards for many rural citizens. Equally important was the rural telephone program which has extended communication down most country byways.

A crucial concern in many rural communities at the moment is the availability of cable television without which many rural citizens are limited in this important tool of information and recreation, the family television set. The Federal Communication Commission seems slow in providing opportunities for rural telephone cooperatives to operate rural cable television systems.

We are slowly developing a recognition of older Americans as a growing national resource. Regardless of where they live they need to be able to participate in their communities and to rely on delivery of basic social services. The best of programs in design and purpose is of no value to those who need it but cannot participate. The extension of education and information and the direct delivery of in-home services are extremely important to older rural residents. No person or family should be denied assistance simply because of where they have to reside.

Yet in rural areas thousands are ignored daily because they live too far from agencies providing services to their not-so-rural cousins or because rural outreach and service is considered "not cost-efficient."

Scattered populations are more expensive and more difficult to serve on a regular basis. But are those hidden thousands somehow less important or less needed, or somehow second class Americans, because they are rural residents?

I believe that more attention is being paid to collecting some of the data needed to review the needs of rural populations.

The Economic Research Service of the Department of Agriculture published "Federal Funds in 1979—Geographic Distribution and Recent Trends" on April 1982. This report summarized the distribution of Federal funds in 1979. It points out that Federal per capita funding remains unevenly divided among the regions. I believe that this publication could prove a valuable resource for your staff in starting to draw together the outlines of special needs for rural senior citizens.

Much more needs to be done and we are anxious to work with you and the committee in developing ways to more effectively and efficiently use the resources both Federal, State, and local to meet the special needs and use the special skills of older rural citizens.

Senator **Pressler**. Senator Grassley has arrived. Do you have an opening statement, Chuck, or shall we just proceed with the questions?

STATEMENT BY SENATOR CHARLES E. GRASSLEY

Senator **Grassley**. Well, I would only put my opening statement in the record and I guess the only thing I would highlight is that part of my opening statement which refers to a study that was done by the subcommittee that I was ranking Republican on when I was a Member of the House, and we had a report out called "The Future Directions for Aging Policy, A Human Service Model," and we have some suggestions in there for how we can have local control and local decisionmaking as one solution to some of the problems. The other thing is to incorporate to the greatest extent possible a combination of private sector as well as Government-related solutions to the problems.

And the whole issue was more or less that we have got to get away from the idea that the sole—and I want to emphasize, the sole solution—to the problems come from what we can do here in Washington, D.C.

So I want to thank you for your leadership in this area, and I think that the extent to which we look at broad national problems and their solution, we must also consider the minority of our people living in rural areas, sometimes it is difficult to bring special attention to their special needs, and your hearing here does that, and I want to compliment you for that.

Thank you very much.

[The prepared statement of Senator Grassley follows:]

PREPARED STATEMENT OF SENATOR CHARLES E. GRASSLEY

Mr. Chairman, the subject of this morning's hearing will summon up different images for those of us listening to the witnesses, whether sitting here as a Member of the Senate or as a part of the audience.

For my part, I have to admit to seeing rural older Americans as my friends and relatives back in Iowa—small town residents or farm dwellers—these people helped shape my views, philosophy, and work habits.

Within the last quarter century, the older American has become the focus of a great deal of attention and this attention has created an effective lobby of special interest groups. Though much of the work of these interest groups is helpful to the elderly, the tendency to ignore local needs in favor of broad national priorities and policy has removed attention from the grassroots level.

In the case of aging problems, I hope the decisionmaking can more effectively return to the hands of local people and local officials. We can no longer look to simplistic solutions such as service cutbacks or funding increases to deal with complex national problems. These only deal with the symptoms—not the disease—and it is time to deal with the realities of a population growing older.

When I was ranking Republican of the House Select Committee on Aging, Congressman Biaggi and I headed up a Subcommittee on Human Services. This committee issued a study in 1980 called "Future Directions for Aging Policy, a Human Service Model." It should be noted that this bipartisan report was published before Reaganomics became a household word.

The study forecast:

1. Those truly in need of services will be over 75.
2. A preventive approach in social, as well as medical programs should be encouraged.
3. Emphasis should be placed on decentralization—a return to local authority.
4. Money management role should be taken from planning and advocacy agencies since technical assistance and money management are incompatible roles.
5. Emphasis should also be placed on private sector involvement—fund-raising, families, neighborhoods, voluntary associations and religious groups.
6. The role of the area agencies on aging, as local resource centers, must be strengthened, especially as to planning from the bottom up and supporting and fully utilizing in-place systems—families, neighborhoods, voluntary and religious associations, and racial and ethnic subgroups

Nowhere does the suggested road map for aging programs apply more realistically than in rural America.

Thank you, Mr. Chairman.

Senator **Pressler**. Thank you very much, Senator Grassley.

Ruth, I am particularly concerned about the effect of the administration proposals for the title V program. Some have told me that the loss of the Green Thumb workers will have a domino effect on our small towns—that is to say that many small town nutrition programs rely on these workers, and if they lose them, they will be unable to hire people to take their place and to staff the nutrition sites.

How do you see this situation?

Ms. **Kobell**. This is the report that we have received, that a good many nutrition programs have had to rely on the help of some part-time Green Thumb workers and other title V workers to keep the program going. I remember stopping in a small town up in Wisconsin not too long ago, in which they said, "But if we lose this, we may lose our nutrition program. We have already had our funds cut back; we are cutting out Wednesday dinners, and everybody is bringing pot-luck on Wednesday." So I think there is automatically an adaptation on a volunteer basis. But if we lose our Green Thumb workers, we simply will not be able to keep the nutrition sites open, which also is a base for the social activity; the opportunity to come together. A woman who had considerable emotional problems was playing the piano for the group, and it had proved a therapy that was very useful, because she could get out and work with other people.

I am delighted to learn that, I believe yesterday in the markup of the urgent supplemental program by the Senate Appropriations Committee, Senator Schmitt's package of amendments to the House bill—H.R. 5922—added the $210 million which was needed to keep the program running from October 1, 1982 to June 30, 1983. We hope that will move along, because otherwise, we would be faced with an October 1 shutdown for what we think is one of the most constructive programs.

It is a demonstration program. A number of our Green Thumb workers are building solar greenhouses. Sometimes in the wintertime, they grow vegetables for the senior citizen center, or for some of the other groups in town. They also grow seedling plants in the spring. In many rural areas, you do not have a lot of access to garden supply. But then in the summertime, they use the heat of the solar greenhouse to dry fruits and vegetables. I think title V is a great demonstration of the way in which what is basically a small program in terms of Federal investment provides demonstration and leadership in new areas of activity.

Senator **Pressler**. I shall now yield to Senator Burdick for his questions.

Senator **Burdick**. Thank you.

Ruth, it is good to see you again.

Ms. **Kobell**. It is nice to see you, Senator.

Senator **Burdick**. We seem to rely on you for a lot of testimony that applies to the upper Midwest and the farm areas, and we are always pleased to hear from you.

I know the Farmers Union just issued a study on the depressed farm economy. How do you see the farm situation affecting the rural elderly?

Ms. **Kobell**. Well, of course, it has a dramatic effect. Historically, if I can go back a minute, Green Thumb was started because we recognized that a good many middle-aged and older farmers had been forced off the farm and were caught in the pockets of poverty of rural areas, and they needed some supplemental income.

The fact is a good many of the farmers now being forced off the land are probably not older farmers, but younger farmers who have invested 10 or 15 years of their lives and their energies to try and get started in farming. Our high interest rates and low farm prices have just brought many of them to their knees and will continue to do so. This of course immediately reacts on older people in the community, many of whom are the parents of those farmers.

So it is a ripple effect. I was not able to find out—but I am sure somebody has the ratio—of how many small businesses go out of business when a group of farmers go out of business. We have one county in which they said there were 47 farm sales in the next 2 months. That is a pretty fast sellout of a basic industry.

Senator **Burdick**. The two Aging Committee hearings I held in North Dakota recently on health care made it clear to me that rural elderly are not apathetic. They have good ideas about how to meet their needs. What do you think the Government could do best to help the rural elderly, especially in the health care area?

Ms. **Kobell**. Well, I think one of the great steps we took was the Hill-Burton Hospital Construction Act, which brought modern, small hospitals to many communities. I must say that I have found in some communities, although the law mandated the use of those hospitals for people who could not pay or who had medicare or medicaid, that is not always enforced, and so enforcing access to these hospitals is important.

I think the clinics which have been set up in a number of rural areas are extremely important. If older people need highly sophisticated medical care, they will go to Bismarck or to Great Falls or to a larger area to get it. But often, they need a maintenance kind of service, checking on the blood pressure, being sure that they get continuing care. And I think this might be one of the most efficient uses of our health care systems.

Senator **Burdick**. One last question. As you know, home health and homemaker services are in great demand by the rural elderly but are usually unavailable in smaller rural towns. Now, Green Thumb reaches out into a lot of these little towns. Has anyone given any thought to letting Green Thumb workers provide those services? If Green Thumb workers can work in nutrition sites and similar community service programs, couldn't they serve here, too? Do you see this as a possibility down the road?

Ms. **Kobell**. This is a possibility that has been implemented. We have had over 500 Green Thumbers who are doing just that. They not only come out and give home health care; they may drive somebody into town to check with the doctor or to get groceries or to fill out their social security forms or whatever business they need to do. It is again a demonstration of the ways in which a very limited amount of financial investment can stretch services and be very cost-effective. As you know, someone who has a little help can often stay in their homes. If they do not have any help, they end up in a nursing home, using their savings and before very long having to go on medicaid, which is an extremely expensive Federal outlay.

Senator **Burdick**. Thank you very much for your contribution this morning and thank you, Mr. Chairman.

Senator **Pressler**. Senator Grassley.

Senator **Grassley**. Thank you.

Senator Pressler chose as the title of this hearing, "Unanswered Questions." One of the unanswered questions that I have been dealing with—and I hope that there has been a little progress made, but I guess it does not stand out enough, and I am satisfied that it has been made—and that is, in the 8 years that I have been on aging committees in the House and Senate, we in the Midwest, or I should say, rural America, have always been concerned about the problems of transportation of the elderly. In fact, in our areas of the country, they always say that it is pretty basic to having any other services work. And your experience in past hearings on rural elderly have always featured this common agreement of the need for transportation in rural areas.

Well, we have a nice national policy in the sense that this is a concern and something that ought to be dealt with, but the details always need to be worked out. So one of the things that I thought about, or I guess I want to ask, is your ideas on the fact that maybe we have a lack of interagency cooperation. I think of transportation for senior citizens, I think of some transportation we have for handicapped people, and of course, we have got the usual schoolbuses that are transporting people around. We even have some churches involved in transportation. All of these things, in their own way, trying to solve their own problems and to serve the needs of their own people, with very little cooperation. And when you see empty or partially empty buses going up and down the road, you think in terms of what could we do for these networks to be serving mutual interests and in the end, hopefully, enhance the transportation opportunities for the senior citizens, as well as all others concerned.

Have you given this any thought, and do you see progress having been made since we first held those hearings in Iowa back in 1975 and 1976?

Ms. **Kobell**. As you know, we have run a couple of demonstrations of interagency cooperation on transportation. They have not always been totally successful in reaching their goals. Partly, I think, people get accustomed to doing things the same way.

One of the problems that I have been told is difficult, and yet I suspect should have a solution, is that of insurance. They say, "Well, we cannot use the schoolbus for disabled people because the insurance will not cover it," or "We cannot use it for senior citizens." And I remember several years ago suggesting that it would be great if the Senate Aging Committee, the White House, somebody on a prestigious level, simply got some of the insurance people together and said: "Listen, there must be ways—you have met a lot of other problems on insurance. You have met high-risk costs and so on—to work out an adaptation so that we can expand our uses of vehicles across the organization lines." I think it is extremely important that we do this.

Certainly, while we may have had a decrease of 2 or 3 cents in gasoline, we are going to have an energy problem continuing, and as you say, it is terrible to have empty buses running up and down.

I would also point out that down in Texas about 8 or 9 years ago, after Green Thumb had demonstrated the fact that we could use older people in scheduling and driving buses, the State of Texas appropriated funds on the State level to set up what is called the senior transportation employment program in some 40 or 50 counties in west Texas. They continued to appropriate funds on a State level, year after year, to maintain that transportation. The buses are repaired, I think, in the State prison, as part of the training program for prisoners. The buses are driven and managed by people who meet the same eligibility guidelines as Green Thumb. I have had a letter from a county Red Cross up in Wisconsin, who pointed out that they sponsor a rural transportation program. They get financial support for their buses, their fuel, and so on, I think, through the county commissioners. They got their drivers and their dispatchers from Green Thumb, and the Red Cross people themselves provided some overall supervision and responsibility for the project.

So maybe what we need to do is talk more about the ways in which we can spread the demonstrations that we have already experienced in meeting some of these needs. I would suspect that one of the great steps forward would be to figure out what the problems are with insurance.

Senator **Grassley**. Thank you.

Senator **Pressler**. Let me say that the Senators can submit additional questions for the record to any witnesses or indeed, can submit questions, and we will try to submit them to the appropriate agency to get a specific answer.

Ruth, let me ask one final question. In your opinion, what could be done to alleviate the problems of income maintenance from which rural women suffer disproportionately? You might expand on that a bit. Do rural elderly women suffer from problems, or do they have different experiences, or do we need to be especially concerned about them, as compared to elderly women in general?

Ms. **Kobell**. I think rural women, by and large, probably have less opportunities for education and training. I am reminded of your definition of communities of 10,000 and less, because you do not have junior colleges out there, at least not in Montana or South Dakota. You may have an agricultural extension service, but this often is not focused on training for employment or income enhancement.

Again, we have limited employment opportunities in many areas and a great many rural women are homemakers most of their lives. Farm women particularly may farm with their husbands a good part of their lives and then be widowed and lose the farm and find that they have got no recognized employment skills. We think they have marketable skills, in terms of maintaining a home and helping to run a farm and to manage the assets. But they start out late in life, even paying social security, so that quite often a woman's social security is less than that for which she is eligible as a spouse.

Farm women are not eligible to pay into social security unless a farm is incorporated and the farmer and his wife are put on payroll as such, so that they lose the disability coverage of social security, as well as the retirement coverage, and the protection for their dependents.

So yes, I think it is a real problem. I think again, it is probably a matter of a combination of resources. The Women's Educational Equity Act provided some targeting of resources, and also some recognition of the fact that this enhances the whole wealth of the community. Over half of the farmers in this country have one member of the family working off the farm. Of course, that is largely because you have such lousy farm prices that they have to work off the farm to buy groceries. But I think farm women have often, from a variety of directions, been limited in their opportunities for employment.

Senator **Pressler**. I want to get that point straight on social security. If the farm is not incorporated so the husband and wife can both be on the payroll, over the years, the wife does not have a separate social security account, so therefore, she would not qualify, for example, for disability, but she would qualify for social security payments if her husband dies.

Ms. **Kobell**. As a spouse, but not in her own right as having contributed, and a good many women, as you know, ride the tractor, keep the accounts, run the dairy farm, or whatever, so that they are making a professional contribution, and yet by law, they are not allowed to contribute to social security unless they have a special incorporation status.

Senator **Pressler**. Sure. Even if they do not ride the tractor, they are cooking and maintaining the home.

Ms. **Kobell**. Yes, but more than that, they really are an important part of the management of that business.

Senator **Pressler**. Ruth, we may have additional questions for you for the record. We appreciate your coming. I am going to have lunch today with your national president, Mr. Stone, and our State president, and we appreciate your work very much.

Ms. **Kobell**. Thank you. I appreciate that.

Senator **Pressler**. Next, I will call on Calvin Beale, Program Leader, Economic Development Division, U.S. Department of Agriculture, Washington, D.C.

Calvin, if you can summarize your opening statement somewhat, we will have some questions for you.

STATEMENT OF CALVIN L. BEALE, WASHINGTON, D.C., PROGRAM LEADER, ECONOMIC DEVELOPMENT DIVISION, U.S. DEPARTMENT OF AGRICULTURE

Mr. **Beale**. Thank you, Mr. Chairman.

I propose to give a brief overview of the population and related characteristics of the older rural population.

There is no standard program definition of "rural." We have several different definitions. And when the results of the 1980 population census finally become available, we will be able to class the statistics for different versions of rurality and can tailor them more to your needs. For this hearing, it is necessary for the most part to rely on surveys whose residential dimension is that of metropolitan and nonmetropolitan. In general, the numbers and characteristics of nonmetropolitan people are rather similar to rural, although a nonmetropolitan area can include a city of as large as 49,000 people, but it would not include the many rural people who live in the outlying parts of officially metropolitan counties.

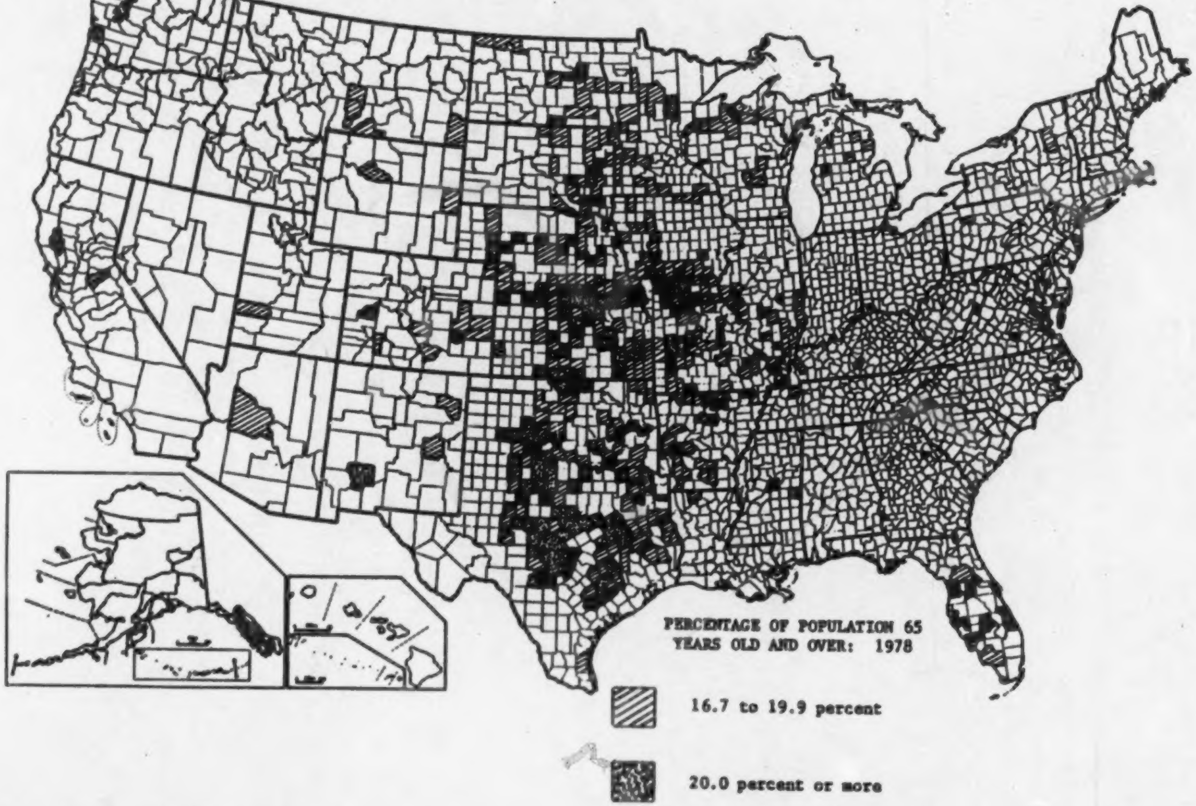
In 1980, we had about 9 million nonmetropolitan residents who were 65 and over. I believe you may have cited a figure of 5 million in your opening statement. If you did, then I would say that you are actually understating the numbers of these people. There may be about 300,000 who are in institutions, and the data on characteristics that we have are for the remaining approximately 8.7 million.

But if we had the definition that you used of rural and towns of less than 10,000, I am confident that even with that definition, the number would not be less than 8 million in the 1980 census.

From a regional point of view, the South has far more elderly rural people than any other region—about 45 percent of them—and the Midwest from Ohio to the Dakotas has about another 30 percent. So three-fourths of them are located in those two regions, whereas the metropolitan elderly population is much more widely distributed from a regional point of view. The number of older rural and smalltown people has been growing very rapidly in recent years by around 2½ percent per year. This is far more than double the growth rate of the U.S. population as a whole, and is roughly 15 percent higher than the rate at which the older metropolitan population has been increasing.

The percentage that older people comprise of the total population in rural areas runs around 12 percent, about one-eighth, compared with about one-tenth of the total in the metro areas. However, there are great disparities between different parts of the country in the percentage that older people make up of the total, and I have illustrated that with a map. The map shows the nonmetropolitan counties which have one-sixth or more of their population consisting of persons 65 years of age and over. There are about 500 counties like that now, which is about one-fifth of all rural and small-town counties. Those that are lined on the map have between one-sixth and one-fifth of their population now 65 and over, and the counties that are dotted have 20 percent or more, one-fifth or more. You will notice immediately how strongly they are concentrated in a North-South Belt from Minnesota and the Dakotas in the North down to Texas in the South, plus some outlying areas such as Florida.

NONMETROPOLITAN COUNTIES WITH HIGH PERCENTAGE OF PERSONS 65 YEARS OLD AND OVER: 1978


PERCENTAGE OF POPULATION 65
YEARS OLD AND OVER: 1978
▨ 16.7 to 19.9 percent
■ 20.0 percent or more

SOURCE: Bureau of the Census and Department of Health and Human Services

PREPARED BY POPULATION STUDIES GROUP
ECONOMIC RESEARCH SERVICE, USDA

In the agricultural areas on that map, such as the Dakotas, and parts of Iowa, Kansas, Nebraska, the high percentages result from out-movement of younger people because of the heavy dependence on agriculture, and the lack of alternative job opportunities. A higher percentage of older people develops because so many of the young have moved away. In areas such as the central Texas hill country or the Missouri Ozarks or the Upper Great Lakes, or in Florida, the high percentages stem from the in-movement of older people seeking nonmetropolitan areas for retirement.

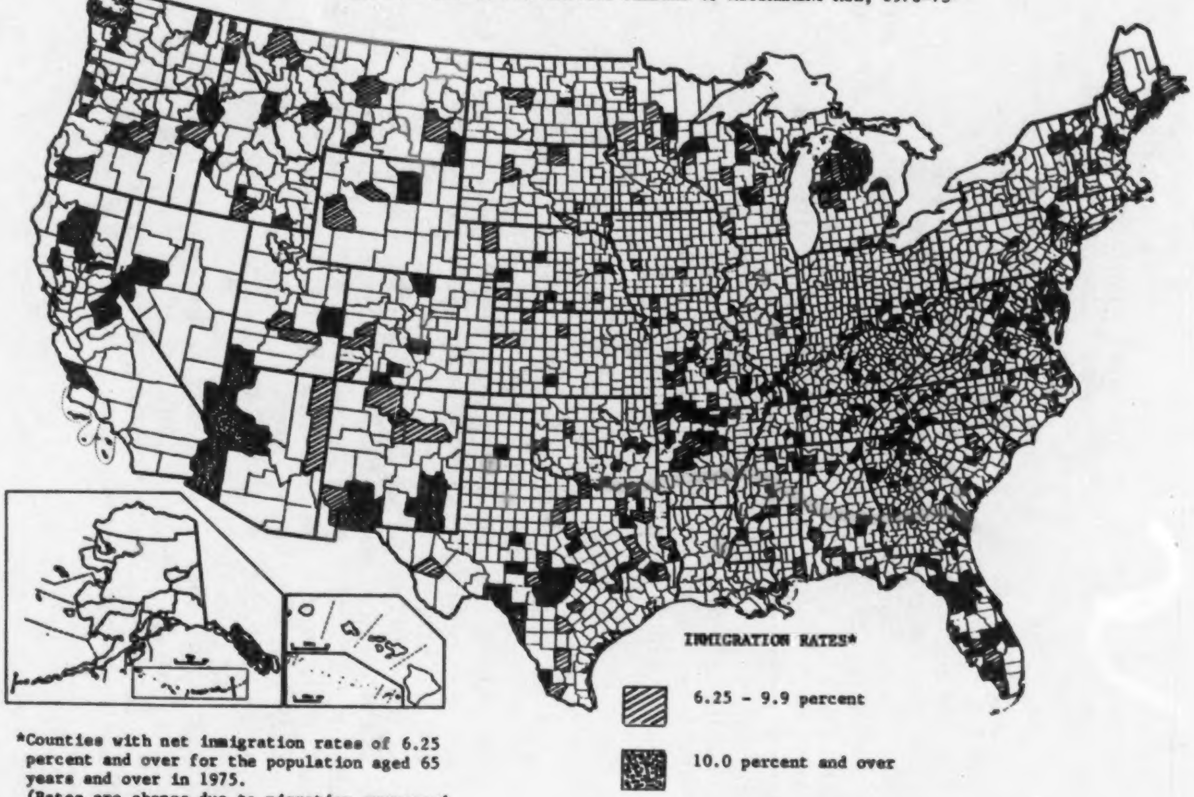
I mentioned there are about 500 counties on the map, which is for 1978. In 1970, there were only 125 counties with this high a percentage of the elderly, so there is a very rapid increase in the number of rural and small-town counties that have comparatively high percentages of older people. Naturally, in these areas, then, there is a comparatively high need for services for the elderly in comparison with other types of services, and the elderly voters do gradually become a substantial part of the electorate, though we do not have any county in which they are a majority of the electorate.

High percentages like this are much more common in nonmetropolitan areas than they are in metropolitan areas—St. Petersburg, in Pinellas County, Fla., would be a notable exception to that. You can have neighborhoods within urban municipalities or counties at high percentages, but in terms of county governmental units, it is predominantly a rural phenomenon.

A number of older people in the last decade, perhaps 15 years, have been moving into the rural areas. We think this is running at a net of about 45,000 people per year. And the movement extends down to the not-yet-older population, those 55 to 64 years of age. There is no net movement of elderly people in after about age 75. With advancing age, some of them seem to feel it necessary to move back to the cities, with widowhood or declining health capacity.

The second map is on net migration—nonmetropolitan counties with high levels of net improvement of older people. The rate shown would be the equivalent of growth of the elderly population by at least one-eighth in every 10 years from net inmovement—those are the lined counties—but the dotted counties are growing at a rate of about 20 percent in older population over 10 years from inmovement.

NONMETRO COUNTIES ATTRACTING PERSONS OF RETIREMENT AGE, 1970-75*



IMMIGRATION RATES*

▨ 6.25 - 9.9 percent

▩ 10.0 percent and over

Source: Migration estimated by Univ. of Wisconsin and U.S. Dept. of Agric. based on HEW Medicare data.

*Counties with net immigration rates of 6.25 percent and over for the population aged 65 years and over in 1975.
(Rates are change due to migration expressed as a percentage of persons expected to survive to the end of the period.)

PREPARED BY POPULATION STUDIES GROUP
ECONOMIC RESEARCH SERVICE, USDA

The difference between the two maps is immediately apparent. Many of the counties that are having net inmovement of older people are much more widely spread than the counties that have high percentages of elderly in the total population. This can come about because so many of the counties having substantial inmovement of older people are also having inmovement of younger people as well. But some of these growth areas are advancing to the state of the counties we saw on the previous map. You can notice the rapid inmovement of older people into the Upper Great Lakes area. It is no longer just a Sun Belt phenomenon. You can see Florida and Arizona, but you can also see the New Mexico, Texas, the Puget Sound area, the Sierra Nevada areas in California, or areas in the Northeast, too. It has become a very widespread occurrence.

Research on the people who move into these areas indicates that they typically cite broadly environmental reasons for their decision to move, either in terms of negative attitudes about the cities or positive attitudes about the rural areas, and most of them have preexisting ties of either kinship, friendship, or property ownership in the areas to which they move.

In a study of the rapidly growing nonmetropolitan areas in the Midwest, it was found that the older newcomers were less likely to be satisfied with medical care, with public transportation, which is practically absent, or shopping facilities, but nonetheless, despite those deficiencies, they showed a high degree of overall satisfaction about their moves. Particularly, they rated the nonmetropolitan areas high on healthy environment, personal safety, privacy, friendliness, and lower local taxes.

Close to three-fifths of the elderly in rural areas are married with spouse present. Most of the others are living alone, although some are with families or friends. The women are much more likely to be widowed or to be alone than the men, because of the greater longevity of women, which is about 7 years longer than men, and the fact that most women marry men who are 2 or 3 years older than themselves.

The one-person elderly household is not more common in the rural areas than in the metro, but I think it does pose more of a problem in the open country setting, where neighbors are not as close to be summoned for assistance or to detect when some type of emergency has occurred.

As with urban people, most of the rural elderly are not formally employed, but 20 percent of the men are still in the labor force at age 65 and over; about 8 percent of the women. Now, the figure for the men is a little higher than that in urban areas, I think principally because some of the rural men are able to continue at least part-time employment in farming. But as in urban areas, the percentage of older men who are employed continues to drop. It was about 25 percent back in the early 1970's and is now down to about 20 percent.

We can say two things about income. First, the older rural people are more likely to be poor than their metropolitan counterparts and, second, that there is a greater generational difference in the incidence of poverty level income in the rural areas than in the city. That is to say, there is not too much difference in the likelihood of being poor in a metropolitan setting if you are old or not old, but in rural areas, 20 percent of the older people have poverty level income using the official definitions, compared with only about 12 percent of the younger rural people and compared with only about 12 percent of the urban elderly. It is a significant difference.

Expressed another way, one-half of all the older people in the United States who have poverty level incomes live in rural areas, although not more than about a third of the younger poor do so.

Poverty is especially high for rural blacks and Hispanics. Some 46 percent of all older black elderly rural residents had poverty level incomes in 1979, and 35 percent of the Hispanics. Poverty is also particularly high for those who are not living with a spouse, whether living alone or with other relatives. Three-eighths of them are in poverty. Then the highest poverty rate that I have ever seen in any of the Federal statistics, bar none, is for older black rural women who have a poverty rate of 82 percent. There are something over 100,000 of them.

I would like to touch on health conditions. Rural elderly are more prone to have chronic health conditions than are urban elderly—chronic health conditions that limit their activity in some way. About 48 percent of them reported they had an activity limitation due to chronic health problems. The corresponding figure for metropolitan older people is 43 percent. It is not an enormous difference, but it is a real one and a persistent one. Poor health is most common among older rural people in the South, where 53 percent reported a chronic problem.

The older rural elderly do not have any higher incidence of acute conditions, short term or injury type conditions, than the metropolitan poor do. But the disproportionate occurrence of chronic conditions is also true of middle-aged people, and thus, it is not a problem that is going to disappear in rural areas, simply with the passing of the current older generation. Older nonmetro people are not as likely as older metro residents to make visits to physicians, despite their chronic limitations, but they are much more likely to require hospitalization. They showed an average of about 280 stays in hospitals per 1,000 population per year, compared with metro elderly who averaged about 227 hospital stays per 1,000 population per year. The very nature of rural and small town settlement may make it more necessary for rural people to require hospitalization because of the lower accessibility of either physicians or outpatient treatment.

For most older rural people, the quality of housing is adequate, but such deficiencies as occur are more likely to occur in the rural areas. About 8 percent of the rural households headed by an older person still lack complete plumbing. That is, either they do not have a flush toilet, a bathtub or a shower, or hot and cold running water, or some combination of those basic elements, and this is more than four times the rate of plumbing deficiencies among the urban elderly. The plumbing problem is especially prevalent among rural elderly in the South and among those who rent their housing. Older elderly people in rural areas who rent their housing lack complete plumbing in about one-fifth of the housing units.

Also, the rural elderly are more likely to have places that have problems relating to sewage disposal, kitchen facilities, or structural defects.

So, although there has been great progress in rural housing, there are still remaining problems that occur disproportionately among the rural elderly.

In conclusion, the older rural and small town population seems likely to continue to grow rapidly in the future, with much of the growth at the very oldest ages, where physical or mental infirmities and widowhood are most common. In a time when there has been much modernization of the conditions of rural life, it would be wrong to pretend that there is no similarity in the conditions and needs of the urban and rural elderly, but it would be equally wrong to contend that all meaningful differences in the circumstances of these people have vanished, or that they are ever likely to. Sparsity of population and small scale settlement will, in my opinion, always impose somewhat different conditions and suggest different program approaches in rural areas.

Thank you.

[The prepared statement of Mr. Beale follows:]

PREPARED STATEMENT OF CALVIN L. BEALE

Older rural Americans, and communities in which they live, share in the general trends and conditions that occur in the Nation. But life in rural areas and small towns is still shaped by the scattered nature of settlement, the small size of communities, and differences between rural and urban areas in economy, income, and facilities. Thus, in any consideration of the needs of older people it is useful to take a separate look at rural areas. I propose in this statement to give a brief overview of population and related characteristics of older rural people.

There is no standard program definition of "rural." When the results of the 1980 population census become available, it will be possible to show statistics for people classed by several different degrees of rurality. For this hearing, it is necessary to rely on surveys whose only residential dimension is that of metropolitan and nonmetropolitan. In general, the numbers and characteristics of nonmetropolitan people are similar to rural, and I will use the two terms rather interchangeably. The difference between the concepts in that nonmetropolitan areas include cities of up to 49,999 people, but exclude open country and village residents who live within the official boundaries of a metropolitan area.

NUMBER AND LOCATION OF PEOPLE

In 1980, there were 8,659,000 nonmetropolitan residents who were 65 years old or over (excluding those in institutions). They accounted for 36 percent of all noninstitutionalized older people in the United States. (The number of nonmetropolitan older people in institutions is believed to be about 300,000, but data on these people are not available in the surveys on which this statement is based.)

Because of regional differences in rural settlement and retirement patterns, the regional distribution of the rural elderly is rather different from that of the metropolitan elderly. Among the four major regions—Northeast, North Central, South, and West—the proportion that each contains of the older metropolitan population varies only from 21 percent in the West to 30 percent in the Northeast. However, the South alone contains 45 percent of the older rural and small town population, whereas the Northeast and West combined have only 25 percent.

The number of older rural and small town people has been growing rapidly in recent years, by around 2.5 percent per year. This is far more than double the growth rate of the total U.S. population, and about one-seventh higher that the rate at which the older metropolitan population has been increasing.

The percentage that older people comprise of the total population is somewhat greater in rural and small town areas than in large cities and suburbs. In 1980, persons 65 and over comprised one-eighth (12.3 percent) of the nonmetropolitan population and one-tenth (10.2 percent) of the metropolitan total. In general, this percentage is highest in rural villages, next highest is small towns of up to 10,000 population, and lower in somewhat larger towns or in the open country. It is still common for many farm people or other open country dwellers to move into a village or town during retirement.

However, the disparities that exist among different parts of the country in proportions of older population are typically wider than those among various types of residence. We now have over 500 rural and small town counties in which people 65 and over comprise one-sixth or more of the total population, and in 178 of these cases the proportion exceeds one-fifth of the population. These counties are heavily concentrated in the central part of the Nation, from Minnesota and North Dakota south to Texas. In the agricultural areas of this belt, the proportion of elderly people has become high because, as the number of farms has declined, many of the young people have moved away over the years to seek opportunity elsewhere. In other places, such as the Ozark plateau or the Texas hill country, the make up of the population has become older because retired people have moved in. Counties with high percentage of older people are much more common in rural and small town areas than they are in metropolitan America. In such areas there is a relatively high need for services for the elderly in comparison with other services. Elderly voters gradually become a substantial part of the electorate, although essentially never a majority.

MIGRATION

In the last two decades, considerable movement of older people to rural and small town areas has occurred. From 1975 to 1980, the average net movement of persons 65 years and over to nonmetropolitan areas was 45,000 per year. On a net basis, all of this occurred among people aged 65 to 74. With advancing age, as many people move away from rural and small town areas as to them. Presumably, declining health and onset of widowhood prompt some people to seek the services and facilities of large urban areas or to move nearer their children.

It should be noted that the rural and small town counties that are having rapid growth of older population are dispersed more widely throughout the country than those that have high relative proportions of the elderly. Rapid growth of older people does not necessarily lead to high relative concentrations if the number of younger people is growing, also. Thus for example, many counties in the West, the Southeast (except for Florida), or even in northern Michigan, that attract older people have also tended to attract population of all ages. Thus, they have not become disproportionately elderly.

Research on the older people who move to nonmetropolitan areas shows that the majority are married at the time of their moves, and typically more affluent and better educated than the local older population. Many of the migrants cite environmental reasons for their decision to move, which may be couched either in terms of negative perceptions of continued life in metropolitan areas or positive views about the merits of rural or small town life. Most have preexisting ties of friendship, kinship, or property ownership in the areas to which they move. There is evidence that the older migrants from metropolitan areas are more prone to seek an open country residence at their area of destination than is true of older rural people who move at time of retirement. The latter show a stronger preference for towns.

In a study of rapidly growing nonmetropolitan counties in the Midwest,[1] it was found that older people moving into these areas from the cities were less likely to be as satisfied with medical care, shopping facilities, employment opportunities, or availability of public transportation as they were in their previous residence. Nonetheless, they rated their overall degree of satisfaction as higher in their new rural and small town communities, giving their new communities particularly high ratings for healthy environment, personal safety, privacy, friendliness, and lower local taxes, as compared with the metropolitan areas they had left.

MARITAL AND HOUSEHOLD STATUS

Among all nonmetropolitan residents 65 years old and over, about 57 percent are married with spouse present. This is higher than the comparable figure of 51.5 percent in metropolitan areas, and is a favorable aspect of the condition of older rural people. The difference begins to emerge in early periods of life when some rural people—women in particular—who fail to marry or who have broken marriages elect to move to the city. It is often reinforced in later years by the propensity of older rural people to move during widowhood. As in urban areas, there is a vast difference in the marital status of older rural people by sex. Seventy-eight percent of the men are married, spouse present, compared to only 41 percent of the women. This primarily reflects the much greater longevity of women, plus the fact that most women marry men who are older than themselves.

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[1] "Rebirth of Rural America: Rural Migration in the Midwest," Andrew J. Sofranko and James D. Williams, editors, North Central Regional Center for Rural Development, June 1980. See chapter 9, "The Older Metropolitan Origin Migrant . . . ", by Nina Glasgow.

Curiously, we do not seem to have precise data on the extent to which rural and small town older people live alone. We do know that living alone occurs slightly less frequently among the rural than urban elderly, because of the somewhat lower percentage of women present in the rural group. We are able to say that 43 percent of all nonmetropolitan household heads 65 years and over in 1979 consisted of one person households. The metropolitan figure was 46 percent. The percentage who live alone is probably increasing, given more rapid growth of the oldest segment of the elderly population—those 75 years of age and over, where widowhood is more common. Living alone can pose particular problems in an open country setting, where neighbors are not as close by to be summoned for assistance or to detect emergencies.

EMPLOYMENT

Most people 65 years old and over no longer work for a living, although a majority of men are still in the labor force at ages 60 to 64. During 1981, an average of 19.6 percent of nonmetropolitan men 65 years and over were in the labor force, and 8.3 percent of the women. The figure for men is consistently somewhat higher than that for men in urban areas (17.7 in 1981), but there is no measurable residential difference in the propensity of older women to work. The somewhat higher labor force participation for older nonmetropolitan men is in large part a function of the greater role of agriculture in rural areas and of the ability and desire of some older men to continue activity in agriculture, even if of a diminished nature.

As in urban areas, the percentage of older rural and small town men who work has been dropping steadily. As late as 1973, 25.9 percent of them were in the labor force, compared with the 19.6 percent in 1981. There seems to be no statistical evidence yet of a leveling off in this trend. The generally increased participation of American women in the labor force is common among young and middle-aged rural women, but has not resulted in increased employment of those above age 60.

INCOME

The only income data currently available on older rural people are those relating to poverty status. They show clearly that older rural people are (1) more likely to be poor than are their metropolitan counterparts, and that (2) there is a greater generational difference in poverty status in the rural areas than in the cities. To be specific, 20 percent of all nonmetropolitan people 65 years and over were living on poverty level incomes in 1979, compared with 12 percent of persons of the same age in metropolitan areas. And, whereas there was little difference in the incidence of poverty among the elderly and nonelderly in metropolitan areas (12 percent versus 10 percent), in rural areas and small towns the difference was substantially wider (20.5 percent versus 12.7 percent). Thus rural and small town poverty is disproportionately an affliction of the elderly. Expressed in another way, one half of all older people in America who have poverty level incomes live in rural areas and small towns, compared with less than three-eighths of the young and middle-aged poor.

As is the case with urban poverty, rural poverty is especially high for blacks and Hispanics. Some 46 percent of all older black rural and small town residents had poverty level incomes in 1979, as did 35 percent of the Hispanics.

Wide variations in poverty level income conditions are associated with differences in family and household status. Of the older rural and small town people who maintained their own households or who lived with family members only about 13 percent were in poverty (although this is more than double the comparable metropolitan level). However, of those who were living alone or with nonrelatives, 37 percent were in poverty. Among older black rural women not in families, the poverty rate reaches an astounding 82 percent.

HEALTH CONDITIONS

In addition to being more likely to have very low incomes, the rural elderly are also more prone to have chronic health conditions that limit their activity. In 1973-74, 48.1 percent of nonmetropolitan people aged 65 and over reported that they had an activity limitation due to chronic health problems. The corresponding figure for metropolitan people of the same age was 43.2 percent. Poor health is most common among older rural people in the South, where 53.1 percent had a chronic problem.

Further, the nonmetropolitan elderly report a somewhat greater number of days per year of restricted activity, averaging 39.3 days against 33.8 days for metropolitan people of the same age. Restricted activity days were especially high in the nonmetropolitan South where they averaged 51.8 days per person.

Thus the nonmetropolitan elderly are more likely to require assistance because of the incidence and duration of chronic disabilities. They do not have any higher incidence of acute conditions. It is worth noting that the disproportionate occurrence of chronic activity-limiting health conditions among nonmetropolitan people is present also among middle-aged people, and therefore is not a problem that will end with the current older generation.

Older nonmetropolitan people are not as likely as their metropolitan counterparts to make visits to physicians, but they are much more likely to require hospitalization. They showed an average of 280 stays in hospitals per 1,000 population, compared with just 227 hospital stays per 1,000 among metropolitan people of the same age. The very nature of rural and small town settlement may make it more necessary for rural people to require hospitalization because of the lower accessibility of either physicians or outpatient treatment.

HOUSING

For most older people the quality of housing is adequate. Deficiencies, however, are more likely to occur in rural areas. In 1979, 8 percent of rural households headed by an older person lacked complete plumbing; that is, they lack either a flush toilet, a bathtub or shower, hot and cold running water, or perhaps all of these basic elements. This is more than four times the rate of plumbing deficiencies among the urban elderly, where the incidence is less than 2 percent. The plumbing problem is especially prevalent among rural elderly in the South, where 13 percent still have inadequate plumbing, and among those who rent their housing where it reaches 19 percent.

As compared with urban housing, the rural elderly who have their own places are also more likely to have problems relating to sewage disposal, kitchen facilities, or structural defects. There has been great progress made in rural housing, but the remaining problems do occur disproportionately among the elderly.

CONCLUSION

From this overview of the older rural population, I think there are several points to stress:

Unlike the period before 1960, the rural and small town population is growing not only from its own natural increase, but also from inmovement of people from the cities and suburbs. This inmovement probably included about a half million elderly people in the 1970's.

Counties with high percentages of older people are much more common in rural and small town areas than they are in metropolitan areas, and their number is growing rapidly.

Regionally, the nonmetropolitan elderly population is disproportionately located in the South.

Many rural older people are poor. Poverty is considerably more prevalent among the rural elderly than it is among urban elderly, in a manner not as true of the young population.

There is definitely a residential difference in health conditions and hospitalization needs among older people. Those living in nonmetropolitan areas are more likely to have chronic disabilities that restrict their activities and increase their need for assistance, and are more likely to require hospital care.

Much of the growth of older rural population has occurred in areas of the country that are below average in community wealth and that are not well equipped with services and facilities for older people as they become more dependent with advancing age.

Despite awareness of the more limited availability of certain services in the rural and small town setting, older people in rural areas, including those who have moved in from urban areas, express a high degree of residential preference for the rural and small town locales.

Without question, problems of inadequate housing more commonly affect older people and are most pronounced among the rural elderly, especially those who are renters or who live in the South.

The older rural and small town population seems likely to continue to grow rapidly in the future, with much more growth of population at the very oldest ages, where physical or mental infirmities and widowhood are most common. In a time when there has been much modernization of the conditions of rural life it would be wrong to pretend that there is no similarity in the conditions and needs of the rural and urban elderly. But, it would be equally wrong to contend that all meaningful differences in the circumstances of these people have vanished, or that they are ever likely to. Sparsity of population and small-scale settlements will always impose somewhat different conditions and suggest different program approaches in rural areas.

TABLE 1.—MARITAL STATUS OF PERSONS 65 YEARS OLD AND OVER, BY RESIDENCE, MARCH 1980

[Numbers in thousands]

Marital status	Total 65 years and over		65 to 74 years		75 years and over	
	Metro [1]	Nonmetro	Metro	Nonmetro	Metro	Nonmetro
All persons	15,084	8,659	9,572	5,527	5,512	3,132
Percent:						
Single	6.2	4.6	6.0	4.7	6.4	4.3
Married, spouse present	51.5	57.0	59.6	65.2	37.4	42.3
Married, spouse absent	1.8	1.8	2.2	1.8	1.2	1.7
Widowed	36.7	33.7	27.7	24.5	52.4	50.0
Divorced	3.8	3.0	4.5	3.7	2.6	1.7
Sex ratio	67.9	73.9	73.9	81.5	58.6	61.9

[1] Metropolitan status as of 1970.

Source: Bureau of the Census, Current Population Reports, Series P-20, No. 365, 1981.

TABLE 2.—MARITAL STATUS OF PERSONS 65 YEARS OLD AND OVER, BY SEX AND RESIDENCE, MARCH 1980

[Numbers in thousands]

Marital status	Male		Female	
	Metro [1]	Nonmetro	Metro	Nonmetro
All persons	6,103	3,680	8,982	4,978
Percent:				
Single	5.5	4.4	6.6	4.7
Married, spouse present	74.0	78.1	36.2	41.3
Married, spouse absent	2.2	1.8	1.6	1.7
Widowed	14.7	11.8	51.6	50.0
Divorced	3.6	3.9	4.0	2.2

[1] Metropolitan residence as of 1970.

Source: Bureau of the Census, Current Population Reports, Series P-20, No. 365, 1981.

TABLE 3.—EMPLOYMENT STATUS OF THE CIVILIAN NONINSTITUTIONAL POPULATION, AGE 60 AND OVER, BY RESIDENCE: 1981 AND 1973

[Percentages are computed from annual average figures]

Employment status	1981				1973			
	Persons 60 to 64 years		Persons 65 years and over		Persons 60 to 54 years		Persons 65 years and over	
	Metro [1]	Nonmetro	Metro	Nonmetro	Metro	Nonmetro	Metro	Nonmetro
Males	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
In labor force	60.0	55.9	17.7	19.6	69.5	68.1	21.1	25.9
Not in labor force	40.0	44.1	82.3	80.4	30.5	31.9	78.9	74.1
Of those in labor force	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

TABLE 3.—EMPLOYMENT STATUS OF THE CIVILIAN NONINSTITUTIONAL POPULATION, AGE 60 AND OVER, BY RESIDENCE: 1981 AND 1973—Continued

[Percentages are computed from annual average figures]

Employment status	1981				1973			
	Persons 60 to 64 years		Persons 65 years and over		Persons 60 to 64 years		Persons 65 years and over	
	Metro [1]	Nonmetro	Metro	Nonmetro	Metro	Nonmetro	Metro	Nonmetro
Males—Continued								
Of those in labor force—Continued								
Employed	96.4	96.5	96.6	97.7	96.8	98.0	96.8	97.3
Agriculture	1.9	18.5	5.1	28.2	2.9	23.4	7.0	34.7
Nonagriculture	94.4	78.0	91.5	69.5	93.9	74.6	89.8	62.5
Unemployed	3.7	3.5	3.4	2.4	3.2	2.0	3.2	2.7
Females	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
In labor force	33.1	31.8	8.0	8.3	34.4	33.5	8.7	9.6
Not in labor force	66.9	68.2	92.0	91.7	65.6	66.5	91.3	90.4
Of those in labor force	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Employed	96.4	96.6	96.0	97.0	97.5	97.9	97.0	97.5
Agriculture	.6	4.3	1.0	6.3	.6	5.9	2.1	7.5
Nonagriculture	95.8	92.2	94.9	90.7	96.9	92.0	94.9	90.0
Unemployed	3.6	3.6	4.0	3.0	2.6	2.1	3.0	2.2

[1] Metropolitan status as of 1970.

Source: Unpublished tabulations from a national survey, collected by the Bureau of the Census and supplied by the Bureau of Labor Statistics.

TABLE 4.—POVERTY STATUS IN 1979 OF PERSONS, BY RESIDENCE, RACE, AND SPANISH ORIGIN[1]

[Numbers in thousands]

Type of residence	All races			White			Black			Spanish origin [3]		
		Below poverty level			Below poverty level			Below poverty level			Below poverty level	
	Total	Number	Percent of total	Total	Number	Percent of total	Total	Number	Percent of total	Total	Total	Percent of total
Metro: [2]												
All persons	147,678	15,732	10.7	124,626	9,706	7.8	19,618	5,561	28.3	11,023	2,299	20.9
65 years and over	15,085	1,812	12.0	13,495	1,379	10.2	1,377	419	30.4	460	111	24.2
Under 65 years	132,593	13,920	10.5	111,131	8,327	7.5	18,241	5,142	28.2	10,563	2,188	20.7
Nonmetro:												
All persons	70,170	9,613	13.7	63,422	7,117	11.2	5,766	2,277	39.5	2,221	564	25.4
65 years and over	8,658	1,774	20.5	7,951	1,461	18.4	643	298	46.3	102	36	35.1
Under 65 years	61,512	7,839	12.7	55,471	5,656	10.2	5,123	1,979	38.6	2,119	528	24.9

[1] Persons as of March 1980.

[2] Metro status as of 1970.

[3] Persons of Spanish origin may be of any race.

Source: Bureau of the Census, Current Population Reports, Series P–60, No. 130, 1981

TABLE 5.—POVERTY STATUS IN 1979 OF PERSONS 65 YEARS OLD AND OVER, BY RESIDENCE, FAMILY STATUS, AND RACE [1]

[Numbers in thousands]

Type of residence	All races			White			Black		
	Total	Below poverty level		Total	Below poverty level		Total	Below poverty level	
		Number	Percent of total		Number	Percent of total		Number	Percent of total
Metro: [2]									
Persons 65 years and over	15,085	1,812	12.0	13,495	1,379	10.2	1,377	419	30.4
Family household heads	5,437	334	6.1	4,857	232	4.8	516	100	19.3
Others in families	4,660	234	5.0	4,182	172	4.1	374	59	15.8
Unrelated individuals	4,988	1,244	24.9	4,456	975	21.9	487	260	53.5
Male	1,090	221	20.3	911	145	15.9	159	70	44.0
Female	3,898	1,023	26.3	3,545	830	23.4	328	190	57.9
Nonmetro:									
Persons 65 years and over	8,658	1,774	20.5	7,951	1,461	18.4	643	298	46.3
Family household heads	3,355	463	13.8	3,059	355	11.6	273	105	38.4
Others in families	2,635	312	11.8	2,420	244	10.1	190	63	33.2
Unrelated individuals	2,668	999	37.4	2,472	862	34.9	180	130	72.0
Male	576	200	34.7	513	173	33.7	53	26	49.1
Female	2,092	799	38.2	1,959	689	35.2	127	104	82.4

[1] Persons as of March 1980.
[2] Metro status as of 1970.

Source: Bureau of the Census, Current Population Reports, Series P-60, No. 130, 1981.

Senator **Grassley** [presiding]. Thank you very much. Senator Pressler will be right back. In the meantime, since he is not here, I normally would be second on asking questions, but I would like to ask first, in his absence.

First of all, the statistics that you were using, and I know you used statistics throughout your testimony, but the last stated statistics, I was wondering what the date of those were. Are those very recent?

Mr. **Beale**. The statistics that I used vary from 1974 to 1981. I have scrounged them from wherever I could get them. Most of them come from surveys conducted by the Census Bureau, national sample surveys. Some of them come from surveys conducted by the Public Health Service.

Senator **Grassley**. They would be the latest statistics.

Mr. **Beale**. They are the latest in each case, yes.

Senator **Grassley**. OK. Now, frankly, from the title of your division that you come from within the USDA, I am not sure that you are the one that I should be asking this question of, but I would like to ask it anyway, and hopefully, if you cannot answer it, you will take the message back to the people you work with.

But we had the previous witness, Ruth Kobell, who represented the National Farmers Union, as one of four or five prominent farm organizations in the country, and I could include in my question even a lot of organizations that are rural-oriented that maybe are not prominent in the sense of being national farm organizations per se, but she represents an organization that has been concerned about the social problems and the social needs of rural America and has been actively involved and has been administering a Federal program to encourage employment of senior citizens. I use the Farmers Union just as an example. My key point is volunteerism and this administration's efforts to promote volunteerism to fill in some of the gaps that the Federal Government has not been filling in or, because of budget cutbacks, will not be doing as much as they have in the past.

Has there been any effort within the Department of Agriculture, not just because of the President's emphasis upon volunteerism, to get farm organizations, rural private groups, interested in promoting volunteerism? Has the Secretary asked these farm organizations if they are concerned about things other than farm programs and basic economic philosophies? There is a need for organizations to represent, to spearhead cooperative efforts in not only promoting volunteerism, hopefully, with the end result being to fill some gaps, not just because of budget cutbacks, but because, regardless of whatever level of Federal expenditures we have for some of these programs, we are not going to fill all the needs. So I would like to have you comment and, to the extent that you can, answer the question, and see if something can be done within the Department of Agriculture to promote this.

Mr. **Beale**. I think that the basic answer to your question is yes, but I am not in a position to comment on it, in that I do not have any program or policy functions. I can tell you that we have attempted in the Economic Research Service to do some research at least on the subject of volunteerism to be supportive of policies of this nature. I suspect the Secretary's office would be glad to respond to the question, but since my work is in research and information, I cannot comment on aspects of that nature.

Senator **Grassley**. Maybe you could submit to the Assistant Secretary who is in charge of your division my interest in this, so that it could get to the higher counsels within the USDA, and I will express it from the top down.

Mr. **Beale**. I would be glad to, sir.

Senator **Grassley**. Senator Pressler has asked me to express his thanks to you, Calvin, for your testimony, and that he does not have any questions at this point. He may submit some in writing.

Thank you.

I would like to call the next witness, who is David Earl Sutherland. He is director of the rural gerontology program and associate professor of sociology at Ohio University, which is in Athens, Ohio.

Mr. Sutherland, we welcome you to the committee, and tell you that you may proceed as you desire, but if you want to summarize, your statement will be printed in toto in the record.

STATEMENT OF DAVID EARL SUTHERLAND, DIRECTOR, RURAL GERONTOLOGY PROGRAM, OHIO UNIVERSITY, ATHENS, OHIO

Mr. **Sutherland**. I appreciate the privilege of appearing before you this morning. My task in the next few minutes is to identify what I believe are significant research gaps in knowledge about rural aging events. I see these areas as pointing out paradoxes and puzzles in the knowledge base being created in rural gerontology.

There are eight topics I would like to briefly describe for you. The first one has to do with the nature of the rural environment.

We tend to treat the rural environment as something to be overcome as a barrier to services and programs. Typically, research is directed to cost-benefit analysis in delivery of programs. Distance, geographical isolation, sparsely populated areas—all these elements are seen as problems. I believe it is paradoxical that we have been unable or unwilling to reframe our efforts and recognize the genuine importance of these aspects of rural environments as a contribution to a meaningful aging experience—to see these things, distance and so forth, as opportunities.

One possibility recognizes what has been called an elder environmental complex as exemplified by the work by Rowles in Appalachia. We need to extend his microlevel studies on how elderly operate in the environment through techniques like mental mapping. How do rural elderly incorporate into their day-to-day meanings the location features of their environment? Which of these are salient? Where do aging services rank in their geographical space? We could perhaps use such unorthodox techniques as remote sensing technologies or universal geographic information systems, to build IMGRID files which would allow generative modeling combining fixed transportation systems, service location, and especially, interpretive meanings of the environment for understanding how rural elderly negotiate their space. We do not understand how a person incorporates environmental characteristics of rural situations into their aging behavior.

The second area is the meaning of the aging experience in rural environments. Gerontologists typically research value systems about and toward elderly, generally to show that myths of aging exist. Studies do exist and are currently ongoing seeking to undercover the rural values appropriate to aging.

My interest lies in exploring the natural occasions under which aging becomes a factor in self-image and self-actualization in rural environments. How is one reminded of aging? By the area agency on aging? By social gerontologists doing research? By needs assessment surveys? By reading the Older Americans Act? In other words, what are the reflexive dimensions to aging and how can those dimensionalities be researched?

With support from the Administration on Aging, I have been involved in these efforts in the kinship information study done in southeastern Ohio in one county. I proposed in that research at least three reflexive dimensions. The first is technical, that is, the cognitive meaning and knowledge about aging held by a person; the second is linguistic, or how people discuss aging and decode their aging experience; and the third is practice, that is, practical actions taken by a person through the intersection of the other two dimensions as motivational bases.

We found a startling result in seeking data on the first two of these aspects. Using the well-known Palmore facts about age quiz given to rural elderly, we found that rural women displayed a remarkable consistency in their cognitive knowledge about aging. Moreover, their scores correlated with other kinds of sociodemographic characteristics and activities. Rural males, however, displayed little if any cognitive coherency. They seemed to occupy a very different aging world altogether relative to rural females. We know very little about male-female differences in such basic orientations to the aging process in rural situations, how rural environments help understand these orientations, or how aging orientation relates to program participation in senior activities.

Third is a problem of what I call the data base reliability: Self-reports or structural factors. Gerontology assumes that knowledge about aging comes from aging persons. Hence, the efforts devoted to needs assessment methodologies by agencies or collection of data reports from elderly in research. I am walking a thin line here, but I want to make a point.

It is by no means evident to me that individually based reports accurately supply gerontological foundations for aging knowledge. I would distinguish four phases of knowledge inquiry—of elderly, for elderly, by elderly, and with elderly. All four knowledge inquiries require systematic research, yet research efforts ignore one or more of these factors.

One could interpret social gerontology as an exercise in showing how elderly themselves provide flawed imageries or myths of aging. But a deeper issue exists. Consider health data on rural elderly. Broad aggregate data indicate that rural environments present a hazardous situation for health of older persons living in rural areas. However, rural elderly themselves rarely characterize the rural environment as ill-suited for older persons. Instead, it is the urban situation that is dangerous, with crime often cited as a factor.

Is one to counteract the misperceptions of lay rural elderly with that of expert knowledge base of the gerontologist? I think the task is rather to foster communicative mergers of gerontological knowledge with the immediate social world of rural elderly. This knowledge-complex process has not been researched. We do not know how to merge structural data—much of the sort that you heard earlier this morning—with the individual perceptions of rural elderly themselves. Current research practices do not routinely require researchers to report back meaningfully and directly to those rural elderly from whom information is obtained for aiding their aging behaviors.

The fourth area is the aging practice in rural situations. I believe that research in aging acquires special value when translated into policy, but I also believe that the research modeling of such processes is restricted and traditional. We need a research model in which policy development requires a discursive mode of exchange between researcher and practitioner that seeks to incorporate gerontological knowledge as part of an evolutionary program development, and I want to give you just two examples.

Gerontology often comments that future cohorts of elderly would be different—more educated, better health, smaller family size, and so forth. Can we begin research now on evolving new rural cohort expectations and problems that aging programs will encounter in the year 2000 in rural America? Can we research the evolution of program change intending to work with new rural aging cohorts and not research essentially crisis management problems alone?

The second example, a recent study on medical practice in small areas suggests that the major factor for reducing unnecessary medical usage is an informed patient assertive enough to seek second and even third physician consultation. Is an informed rural elderly cohort possible? How can that question be researched?

The fifth area, returning to the environment question, I want to relate technology here. Current American interest in high technology, new computer generations, and information processing revolution, might seem unrelated to rural aging research. Yet why not use rural settings as fertile grounds precisely for the application of high technology to maintain the rural character of the environment, yet transport services and aids to rural elderly. Self-monitoring of health, stress, and medications are surely cases of information management over distances. Why not employ computer possibilities as aids to rural elderly? Or does one maintain that rural elderly are incapable of learning computer literacy?

Sixth, rural-urban or rural-rural comparisons. It is surprising that we restrict ourselves to the usual rural-urban comparisons for analysis.

We need an alternative research agenda—serious and full attention devoted to studies of rural aging patterns in different rural regions of the country. Do New York rural elderly inform us of events encountered by senior citizens in the Dakotas? Are Spanish-speaking older persons in the Southwest similar to rural Appalachia elderly? Since rural elderly constitute about one-third of older Americans—although this depends on your definition—is it not reasonable that we promote research activities seeking a national view of rural regionalism and that impact upon the aging experience?

Seventh, rural aging is the forerunner for gerontological research. While most research activities in aging concern themselves with urban elderly, I believe the potential for imaginative and fundamental work will occur in rural studies. Rural gerontologists recognize explicitly a longstanding commitment of the field: The recognition that all endeavors seek to maintain the existence of rural character to aging events. However difficult to analytically define or describe, this commitment to the integrity of the environment places a profound research obligation for rural aging studies: To preserve that that gives the older person his or her rural character to their aging.

We know that mechanistic transferral of urban programs to rural situations is not useful. If we could acquire the capacity to understand and to intervene appropriately in individual aging events and simultaneously maintain the integrity of the rural experience, we would have a knowledge base and practice indeed powerful.

Lastly, the relationship between research and practice. I would argue that we do not understand the translation of research into practice. Despite significant examples like the Duke OARS project, rural gerontology has yet to appreciate the complex mechanisms embedded in this process. The most sophisticated effort to research how social science information is utilized for policymaking at the Federal level, the RANN project, discourages one from thinking the problem is a mechanical one connecting knowledge and policy. We need serious work on the non-aged-related aspects involved in development of applications in rural situations. Rural gerontology would do well to consider issues, perhaps, in the sociology science that shed light on this problem. We need focused research on knowledge-transfer mechanisms from rural gerontology to rural practice.

In conclusion, I have sought here to briefly identify examples of researchable problems reflecting gaps in our knowledge about rural aging events. My intention was to try to stretch our imaginations for producing better knowledge and better information systems.

Several possible modes exist for implementing such research. Much greater use of public institutions to support efforts at national and State levels; developing a network of rural aging researchers to aid the newly formed Office of Rural Development Policy and the rural aging specialist assigned to that office; or funding, actually at modest cost, extensive secondary analysis of the existing data archives in aging. The most prohibitive cost involved is usually the original production of knowledge, and through AoA and other Federal funds, there now exist national data archives at Michigan and Duke, and these data have not been systematically analyzed for their rural aspects.

Most of all, I would argue for the recognition that an extremely useful research project is one requiring fundamental rethinking of what rural aging is about. An American Nobel laureate is said to have remarked that he could get a research grant any time he wanted, but it was not possible to get a research grant on what he wanted to do. Future research guidelines will cover the usual topics and problems areas as per existing patterns, but create however small a space, but a space, for allowing the exploration of alternative schemes of thinking and reflecting on rural aging. We need fundamental work in this area.

Ms. LEICHTNAM [presiding]. Thank you, Dr. Sutherland. Senator Pressler should be back from voting shortly. In the meantime, with your permission, I will fill in and ask you some questions.

Dr. SUTHERLAND. Fine.

Ms. LEICHTNAM. I gather from your comments that you feel there are some really basic things we do not understand about the way rural people deal with the aging process. In your opinion, what kind of information would be the very most important for us to solicit in order to gain an understanding of how they deal with the aging process?

Dr. SUTHERLAND. You know, when you ask a researcher, they immediately turn to their own pet projects, so I will do that for you. I think the most fundamental problem we do not know is what the aging means. This may sound like an obvious question, but I have always been intrigued with what appear to be simple questions.

I was involved in a project with my college—we run the PBS station in the area—in which I interviewed rural elderly in southeast Ohio, and we made a videotape called, "Rural Aging in America." And if you listen to those people talk, you get all kinds of paradoxes. On the one hand, it is a very positive image, very strong. These are people who are articulate, ranging from a woman who is 75 years old, never married, lives on a farm, still rents the farm all by herself, was even a delegate to the White House Conference on Aging—a marvelous person to talk to; to a 98-year-old man who lives, perhaps, in a situation that you or I would not admire—or at least, the people in Washington probably would not—by himself for years, growing seeds, and selling tomato seeds all over the world.

These are fascinating people with very strong characters, very loyal and attached to their situations, who could not imagine going into an urban area and just think it is terrible that someone would have to be old in places like New York or Washington. And you get a very positive sense of that. But I think what you do not sense is that there are strong reasons to believe that rural elderly people should be outraged at the conditions that they face. But I think to understand that means we have to understand their sense of the meaning of the experience.

The anthropologist working on our project came to me once and remarked—and this is a very small study, and you cannot generalize—but she said, "You know, I think that the Older Americans Act is out on Mars somewhere." If I lived the life according to how these people live, all these efforts are not incorporated into that. I am not saying that is good or bad; it is a different perception. I do not think we understand that very well, that basic kind of orientation of what the aging experience means, much less working with the cohorts who are coming down the line.

Ms. LEICHTNAM. Do you feel that studies that compare urban and rural older persons would be of more value to us than studies that study rural people alone, that we can understand more from study about the differences?

Dr. SUTHERLAND. Well, I have a minority view on this, and I think it is important that you realize that. I have no doubt that rural-urban comparisons will be made. The data analysis this morning is quite traditional in this sense. It is quite important. We need these social indicators updated. I think that it is a mistake to do only that, that in trying to understand the special character about rural aging—and I may be wrong—I think we need to devote full attention to that.

I am simply struck by—and I have talked with others just informally about the variations between Appalachia and what I hear people telling me about certain parts of California, partly Spanish-speaking, or Chicano-speaking—I am just struck by the vast differences in those.

I would be silly to deny the importance of agriculture and the farm base, and particularly in States like the one you are from, South Dakota, but I think it is not fair to think of rural elderly always as in a farming situation. There is a sort of complexity to rural that you lose when you lump it all together and compare it to urban. I think even the data this morning was comparison at the level of metropolitan-nonmetropolitan, because there are all sorts of disagreements over these definitions. I can imagine projects that would do the following. This morning some 520-some-odd counties were mentioned that were probably somehow really rural. Well, I am familiar with the Rand study that analyzed the 1970 census. I would be fascinated to find out where these counties are and do studies of those, but this would be a national study of rural situations. I just want to make the argument that I think it is more important at this point to get involved in directly studying those rural areas. I appreciate our urban cousins and all that sort of thing and those studies would be done, but I do not think rural should get lost as a kind of second-cousin relationship to the urban situation.

Ms. **Leichtnam**. Do you think it is possible for researchers who are mostly urban people to even comprehend the nature of rurality, and how do we deal with that problem?

Dr. **Sutherland**. One wants to say yes and no. As a sociologist, I am obliged to say of course, sociologists can study things that they do not happen to be.

Let me suggest this answer. I think what would be enormously useful, given the crunch in funding, is that rural research, assuming it needs to be done, ought to be first focused upon by universities who are primarily in rural areas, and I confess to being somewhat self-serving on this because this is the nature of my university, but I have a reason for that. My university recently added a medical school, and it is adding a geriatrics section, and it is doing all sorts of things of this kind. I am struck by the fact that we are not, as a public institution, a fundamental major resource for all kinds of activities that are going on in my State related to rural elderly. There was a comment mentioned earlier by one of the Senators about volunteerism, and I am struck that my university has not been a force and a movement in that direction. I think it would be very difficult to do that, if you are doing NORC national studies out of Ann Arbor. I mean, they are important. In other words, there are things that national universities in urban areas can do about rural elderly, but I think one of the reasons for grounding some of this research in institutions that have these characteristics, and they are rather special, is that one of the byproducts may be increased opening up of the institution to provide other kinds of services and capabilities to the area.

Senator Pressler remarked about the concept of training possibilities and raised the issue, I believe, with the first witness about how to get employment possibilities for older women. That witness remarked that many of the older women are farm wives and that sort of thing. In my institution, as in many others, we are developing models that in effect translate experience into, for example, academic credit. I do not think a rural person, in my area, is going to go up to Columbus, or to Ohio State, to get involved in that. But we might have that kind of capacity. I am arguing that I think there is a sense of expanding the research dollar, getting more for your value, and trying to make sure that those institutions, like mine, that have a medical complex and so forth in rural areas, ought to be involved in a multifaceted kind of approach. But I would obviously be foolish to say that it is not possible for Harvard, Berkeley, Stanford, Northwestern, Michigan to do studies of aging, or the kind of work that was done—I think it was Econometrics here in Bethesda, for AoA—on evaluating needs. There is a lot of sector analysis. But the fundamental work, I think, really ought to be, if I can use the pun, "farmed out" to institutions in rural environments, because I think we have more tasks to do other than just the research.

Ms. **Leichtnam**. Focusing for just a minute on a reference you made to one of your studies, can you make any guesses as to why rural women seem to have better cognitive knowledge of the process of aging?

Dr. **Sutherland**. Yes, I will make some, and these are quite hypothetical at this point, and I would add that I have just gotten some more data using this particular instrument on 900 rural elderly that I hope to analyze in a couple of months. We are speculating that in a sense, contrary to the normal pattern in this society, in which women probably age less well than men because of cultural biases, the rural women we were talking with seemed to age better. They seemed to have social networks that brought them in closer together. They seemed to be able to form friendships as well as fights, to be sure, but they seemed to sort of mesh together. In fact, the use of what was officially a senior club—it started out of funding from the area agency on aging—had nothing to do with seniors; it was sort of a social affair—they seemed to be able to do this well. With the males, we are not sure. We think it may reflect a pattern of work ethic that does not encourage development of male friendship ties beyond the immediate work task at hand. I am very puzzled by that. It may be a consequence of the sample. But if it is not, then this implies a greater strength for women and in curious ways, perhaps, rural males may need more attention than one realizes.

Ms. LEICHTNAM. Do you have any plans to test that?

Dr. SUTHERLAND. Yes, like I said, through happenchance, one of the area agencies had to do a needs assessment program, and in fact, in the larger text, I tried to suggest that one way to do research with less cost is to piggyback onto these agency operations research questions. Because of my relationship with the director of that agency, I convinced him to allow me to add on another 25 questions, and I think what we will be able to find out for sure in that sample, which is quite a bit larger than my original study, is if there are these male-female differences, in cognitive orientations. There are also other questions on which we can do more correlational study. So I think, yes, that will be followed up on.

Ms. LEICHTNAM. Do you plan to publish the results of that?

Dr. SUTHERLAND. Yes. Researchers always plan to publish. We have been giving papers at a variety of meetings—I gave a paper at the International Congress on Gerontology in Hamburg last summer on this question, and I think this kind of literature will slowly get out. I might add that I am working now with a grant proposal involving, curiously enough, a cancer study, but in the process of doing it, the people are interested in lifestyles of 40 and over rural elderly population, and I am trying to incorporate a design to see if rural aging relates to even something as serious a medical problem as cancer difficulties.

So I am hoping to say that there will be a lot of material coming out in the future in all this, and presumably, we can find some support for it.

Ms. LEICHTNAM. We have heard a lot of different opinions or estimates or guesses about what "rural" is, this morning. There are a lot of different definitions floating around. The Census Bureau uses one, the Older Americans Act uses another. I believe the White House Conference on Aging used yet another. Do you see any hope for the future, or do you have any estimates of your own of what you think would be an adequate standard definition of rural, and do you see that as a problem, the lack of a definition of the term "rural"?

Dr. **Sutherland**. I want to say this generally, because I support all of these programs, and I think what you are really talking about is a kind of uniform definition that often gets translated into Federal policy program funding and that sort of thing, and in that sense, it is obviously quite critical, which one you use. It seems a little difficult, as an outsider to Washington, to look in and see this enormous fight going on over which form are you going to use. I do not want to speak to recommending any one over the other. I really think that Green Thumb has come out with a suggestion for common definition that is in the conference report. I am sort of skipping past your question, because I want to say that those questions are often demographically defined, using the size of an area, for those kinds of purposes. I happen to think that if you are asking for the real meaning of rural and what that lifestyle is, I do not think we know that. I think it is a social question, not a population question alone. But the population question is obviously useful and in the kind of maps we saw earlier, you have to make an assessment on using population figures. But I think there is still missing in these efforts the sense of the social character, the social construction of what that aspect is, and I think that probably will be correlated with these more governmental kinds of definitions. I do not think the thing I am looking for would be helpful, for what you are asking about in terms of defining and allowing governmental policy to proceed.

Senator **Pressler** [resuming chair]. Thank you, Karen, for ably filling in while I was voting. Dr. Sutherland, I might ask you the question I asked earlier about rural elderly women. I do not want to be duplicative, but are there substantial differences?

Dr. **Sutherland**. Senator, as I recall, your question was in the context often of employment, social security, and economics. The kind of difference that I have been working with, to be very fair, is a very sort of basic research question, and has to do with how you have a meaning and a knowledge about your aging as an experience, and we have a fairly exciting result that I did describe earlier that suggests there may well be a difference between the way women integrate or have knowledge about what the aging experience means, compared to men.

The kind of issue I am trying to delineate is one that I do not know yet has implications for your concerns—certainly, perhaps, it does not imply anything for the kind of question you asked about income. I am aware in general that women probably face much more difficulty in terms of social security and other programs as they have classically been designed in the past.

One thing I might add in the spirit of your question is I caught an element of the issue of how women can transfer skills to employable kinds of areas and if that is meaningful, and as a minor amendment to that, I would urge you to tap into university systems and structures that are located in areas that have a reasonable accessibility to rural populations and try to induce the university to respond well to these kinds of transferrals of skills. As you know, universities have typically been dealing with 18- to 22-year-olds, and I am sort of embarrassed to confess that the term we use is "nontraditional," if you can believe that. If you are over 24, you are a "nontraditional" learner. Yet we know in gerontology that learning is lifelong. I think if anything, we underestimate the capacity of elderly people to learn new skills, and one of the areas that may strike you as very far in the future is the application of high technology—for example, computer terminal utilization. I find no reason why, in theory, one could not imagine employment opportunities existing for rural women in rural situations using data processing techniques to get transferred to somewhere else. We do not seem to see this population as one that has that capacity to expand. So I would encourage the consideration—I think we underestimate rather than overestimate what people can do.

Senator **Pressler**. Let me ask you and Calvin Beale if there is a difference in the retirement habits—do people retire at age 62 or 65? Do you know anything about that?

Dr. **Sutherland**. I do not know anything about it in the sense of applying to a rural context. I know a little bit about it in general. In fact, there were some hearings, I believe, before this committee several months ago, about early retirees and why they retire.

Senator **Pressler**. And are more of those rural, or——

Dr. **Sutherland**. No, it was not rural-urban.

Senator **Pressler**. Do you know, Calvin, are there any good statistics on people in rural areas? Do the rural elderly retire earlier or later? Do we have any good numbers on that?

Mr. **Beale**. I do not think they retire earlier, but I think we have some data that might enable us to give a more definitive answer to you. Sixty-five is still the most common single age at which people retire, whether urban or rural, and retirement is coming earlier in both urban and rural areas, but it is my impression that early retirement is more common in the metropolitan setting than it is in the rural or smalltown setting.

Senator **Pressler**. Say that again, please.

Mr. **Beale**. I think that early retirement is somewhat more common in metropolitan areas than it is in the rural or smalltown setting. But I can transmit to you some data on labor force participation rates by age of people.

Senator **Pressler**. That would shed some light. For example, as I understand it, under social security, you can retire at age 62 at a reduced formula, and at age 63 or 64 or 65 at a reduced formula, and then after 65, it does not change until you are 72, in terms of the ability to work and have minimum earnings, and so forth. But between 65 and 72 is kind of a stable period. But I was wondering if there was any pattern. Of course, some people do not retire at all. There might be a higher percentage of farmers who just do not retire; I do not know. That would be very helpful to know.

Dr. Sutherland, I thank you very much.

I will now call on Dr. Kay Hofer, director, South Dakota Health Planning and Development Agency, Pierre, S. Dak. I look forward to hearing from you because South Dakota is my home State and one that has a high percentage of rural elderly.

STATEMENT OF DR. KAY HOFER, DIRECTOR, HEALTH PLANNING AND DEVELOPMENT AGENCY, SOUTH DAKOTA DEPARTMENT OF HEALTH, PIERRE, S. DAK.

Dr. **Hofer**. Senator Pressler, thank you.

I might also add that I am a farm wife, so I have some special concerns. I think we have discussed a lot of statistics here, and I have submitted additional data for the committee, so I would like to just come down to three or four very central points. One is, when you asked for a definition of "rural," I almost think that you must live there to truly understand. When I am out, working with my husband, we are 28 miles from any individual in any direction. If we run into difficulties, there is no place to go and phone for help. We do have medical care 28 miles to the west. We also have medical care available 59 miles to the east. We are talking about small community hospitals when you do get to that medical care. So that brings me to an issue that is of prime concern in a rural State like South Dakota. Transportation is our No. 1 difficulty—transportation in getting the elderly person to vital primary care services, to preventive health services that they need, and also, the high costs involved in trying to get those services delivered through the community health nursing program, that is, home health care out to the elderly individuals. When you are looking at farmhouses that may average 1 every 10 or 15 miles, for a single-family dwelling, we are looking at great distances between people, and costs of delivering health care are prohibitive. In the central part of the State, we have absolutely no public transportation. Our young people, once they get through the first six grades, must come in and board to receive their high school education, because we do not have schoolbus services. So that eliminates an adaptation of using that mode of transportation to get health services to and from the elderly.

The second point of issue here is that we have up to 65 percent of the population of the State either in primary or secondary farm-related activities, and 55 percent of the State live in counties that have very small populations, some with a population density of 0.63 persons per square mile, compared with a national norm of 62.9 persons per square mile. Individuals may be extremely isolated.

We have the foremost problem that our primary cities that do have above 10,000 population are located on the far eastern and western borders of the State, a distance of 399 miles apart. All services provided to the elderly and the programs designed to deliver these services seem to be designed for cities of this size or locations of this type.

Innovative solutions for the really small town, the town of 200 people, 300 people, are not readily available. There are a number of Federal regulations that prohibit the development of innovative services. One of them, for example, is the requirement for physicians to regularly visit the nursing homes. If you do not have a physician, but you still need that vital service, that continuum of care, what do you do? In the State of South Dakota, we have a very stringent law and a very good program that has been started, the physician extender program. The physician extenders can provide that vital service. The Federal Government has granted a waiver for a certification for eligibility for medicaid and the physician extender may now do the certification. But the counterpart of that waiver is that a waiver has not been granted to allow the physician extender to continue that service for the regular, 60-day intervals examinations that are required for title XIX reimbursement. If the two Federal regulations do not go hand in hand, we are prohibited from delivering a vital health service at the institutional level.

Another area for concern is the network that provides all services to rural elderly. We just completed an 18-month research project on all long-term care services available in the State of South Dakota, and we find one program housed in the department of transportation, six or seven in the department of social services, three or four in the department of health, one in the department of public safety—each a separate entity. We found that not everyone knew what the other people or program were doing. There is no way to know the total level of services the clients are receiving or how much it costs or whether it is more cost-effective to deliver home health as opposed to institutional service. There is also no single point at which the elderly person can access that system and be made aware of every service that is available and all resources that they can utilize to attempt to remain independent as long as possible.

That is something that is vitally needed.

We also have a higher proportion of elderly than in the Nation—most of you are aware of that—and a higher dependency ratio than that of the national level; the dependency ratio is that proportion of the population 65 years of age divided by that proportion of the population capable of providing support services to the elderly multiplied by 100.

As a farm wife, I am concerned because all but two of our children have left the State of South Dakota due to a depressed farm economy that radically affects the types of employment and the means of making a living in the State. We expect the youngest two, to leave this year to go to college, and probably be forced also to leave the State.

We are just a single family, but I can assure you in my hearings around the State, I have been made aware that many elderly couples or individuals are faced with the problem of having that vital informal support network missing. In the State of South Dakota, the economy and the condition of agriculture go hand in hand, and families are separated. That removes the vital source of the informal network.

We have 39 counties that are medical manpower shortage areas of class I or class II, as designated by the Federal Government. It is very difficult to deliver health care in these areas. But we also rank third nationally in the proportion of individuals 75 and over who need services.

Senator **Pressler**. That is, South Dakota ranks third of States who have individuals over 75?

Dr. **Hofer**. As the proportion of the State's population over 75, it ranks third nationally.

Senator **Pressler**. Our people must live a long time.

Dr. **Hofer**. They do live a long time.

Senator **Pressler**. Aren't we one of the longest in longevity of all the States in the Union?

Dr. **Hofer**. Yes, we are. We are No. 3 for the combined male-female, and we are No. 2 for white female, and No. 5 for white males.

Senator **Pressler**. Is that right? What State has the longest longevity?

Dr. **Hofer**. For both sexes, Hawaii.

Senator **Pressler**. I would be curious. Maybe for the record, you could submit that. But for the length of life of women, we are second in the Nation?

Dr. **Hofer**. We were second based on the last census data. We have not received the most recent census tapes broken down by age, sex, and race. We have population only. So we will be redoing all of the statistics in the month of June.

Senator **Pressler**. What is the average lifespan of a woman in South Dakota?

Dr. **Hofer**. It is 77 for white females.

Senator **Pressler**. And for a man, it is what?

Dr. **Hofer**. It is 69.4 for white males.

Senator **Pressler**. We will put it in the record, but you can submit it after you have had a chance to check your notes. That is fascinating, isn't it? Now, we are a Northern State that is kind of chilly. Do you suppose that is the reason that we live longer?

Dr. **Hofer**. I suppose we get a lot of exercise when we are snowed in, because the only means of transportation is walking or climbing the snowbanks.

Senator **Pressler**. I notice you have said that rural living was kind of a state of mind sometimes, or something that a lot of people do not envisage.

Dr. **Hofer**. That is correct.

Senator **Pressler**. I find that to be true. But I think in some of our small towns, like Humboldt, or other little towns, there are about 50 percent elderly in these places because the ranchers and farmers move into the town, don't they, and retire there?

Dr. **Hofer**. Some do, yes. And South Dakota has 292 such locations and 55 percent of the State's population lives in a rural area.

Senator **Pressler**. Please say that again.

Dr. **Hofer**. We have 292 towns—you cannot call them cities, really, when you are talking about a two-block-long area; 313,169 people, live in these locations or in more rural areas.

Senator **Pressler**. In towns of what size?

Dr. **Hofer**. Towns below 2,500, but in South Dakota, that means towns between 200 and 300 in population or even smaller. Ten percent live in areas where there is no incorporation at all.

Senator **Pressler**. Oh, is that right, so they do live in little clusters of houses, more or less, I guess you would say?

Dr. **Hofer**. Totally isolated—10 miles out from a place like Humboldt.

Senator **Pressler**. Ten percent of our elderly live in such a place?

Dr. **Hofer**. Yes.

Senator **Pressler**. Fascinating. And maybe some of these people, actually, if they had some supportive services, would be less expensive to care for, just in terms of the cold, hard, taxpayers' dollars, if they had a visiting nurse or transportation of some sort, or some kind of contact, because I suppose these people become prime candidates for a nursing home if anything goes wrong. They go into the nursing home too soon, sometimes, because they have no option. There is nobody around to take care of them.

Dr. HOFER. Well, we have some of the best nursing homes in the country in the State of South Dakota, as I am sure you are aware. The nursing home is the only place that the elderly person from such a rural environment can get a complete continuum of care. Even if they only need homemaker services or personal care services, they may enter a nursing home, as you said, simply because there, they can get all of the services, often more than they need. They do not have to worry, and they have their needs taken care of. I would say the big problem associated with such care is that 60 percent of those who enter nursing homes as private pay clients convert to medicaid within 12 months according to our latest statistics gathered this past year. Then providing care becomes a very costly proposition for Federal and State government. I know that the State of South Dakota has, in particular, requested waivers on some of the Federal regulations that would allow more innovative solutions to be developed that deliver care at the lower level in the continuum of care—personal care homemaker care and related types of care.

Senator PRESSLER. Are any of the goals for future data collection which you proposed in your long-term care plan going to be reached in the near future?

Dr. HOFER. No, Senator, they are not. Due to budget cuts and staff cuts, we are unable to go ahead with any of the efforts. There is a lot of information we need to have, not the least of which is a determination of the most cost-effective means of providing services that are both vital to the elderly and of quality.

Senator PRESSLER. Do you feel that the current lack of data is currently having an effect on your ability to provide adequate and appropriate services?

Dr. HOFER. Yes; it is because we cannot provide the justification that is necessary for development of the informal support programs that inherently are felt to be cost savings programs while making the elderly person happier; this is an important consideration that is often overlooked. These people want to be independent as long as possible, and at our public hearings, many of them personally spoke to us and said, "With a minimum of service, I can stay in my home 2 to 3 years longer, but if you cut the homemaker program, I am going to have to go into a nursing home," or, "If you cut the transportation program back even further, and I cannot get in town to buy my groceries, I am going to have to go into a nursing home." And we do not have the information we need.

Senator PRESSLER. Do you know any good statistics on retirement patterns in our State? Do rural people tend to retire later? Do they tend to opt for the later retirement under social security more often than do urban people?

Dr. HOFER. I do not have those statistics. My reaction to that on simply a personal level is that we know almost everyone in, I would say, a four-county area who is involved in our occupation of farming. These people do not retire. They work, the majority of them, until they die, for reasons that have been mentioned by other people who have testified—the problem and difficulty with social security. I am more fortunate than most because I work.

Most farm wives do not have social security benefits of their own with the disability benefits that have been mentioned. Because of the depressed farm economy, the majority of farmers also are paying in only the minimum. They have got to keep working. I suppose it is common knowledge that there have been more foreclosures of farms by FHA in the month of January in the State of South Dakota than for the entire previous year. Yet it is difficult—if not impossible—when you have farmed for a number of years for these people to change occupations.

Senator **Pressler**. Do you know if there are any good statistics on whether or not farm elderly people take advantage of the social security system—is that what you are suggesting—on a large scale, or is this just sort of an observation? I mean, do we have any good statistics on the retirement age of farmers, as compared to urban people?

Dr. **Hofer**. No, we do not. And the other thing we do have statistics on and can get statistics on is the number of farms that are incorporated, and in the State of South Dakota, that is relatively small.

Senator **Pressler**. Yes, that would be quite small.

Ms. **Kobell**. Senator, I would just add, you may remember a year ago when there was discussion of cutting back on the minimum social security benefit, when I think a Congressman from South Dakota asked Social Security how many of his constituents would be served in almost totally rural areas. They could not tell. So it appears that the statistics are not broken down where you could get a hold of them in terms of services.

Senator **Pressler**. Yes, that is what we seem to have found. I would guess that a lot of farmers would be on the minimum benefit, because if they went into the program in 1955, they probably would have paid in the minimum. I have always said that a lot of farmers who went into the social security program would be under the social security minimum benefit. At least that is what I have always contended, but I have never had any good statistics to back it up.

Dr. **Hofer**. Senator Pressler, last year, we spent 8 months investigating to determine if there were any statistics available with regard to farm disabilities or farm accidents. We contacted every possible source at the national and State levels. We find that that data is also nonexistent, not to mention the fact that insurance companies do not even know where they get their data, that is, actuarial tables for agricultural employees. There are no statistics on injuries, death, disability, or anything related to agricultural as an occupation.

Senator **Pressler**. We are sometimes ignored, in other words.

Mr. **Conroy**. Senator Pressler, along this line, I would like to make a point that Senator Grassley, before he left, suggested that we follow up on his question dealing with gathering this kind of information not necessarily from the Census Bureau or from social security, but by using these farm organizations, extension services, and so on, who are out there, especially in those rural areas that are sparsely populated, where it would not be that difficult for extension service or Farmers Union or the Farm Bureau to gather that information. Our statistics could then be as reputable or more reputable, I think, certainly, than whatever the Federal Government might gather. That will be the focus of his question not only to the Secretary of Agriculture, but to some of these organizations.

Senator **Pressler**. Perhaps where we could go is to the Census Bureau for that. I would think that a lot of these things would be available on their computer tapes, if they were run a certain way. One gets into these circuitous arguments—the other day, I was sitting in a hearing, and some cable TV people were telling about all the services they were providing to rural areas. And I said, "Well, that is strange, because there is no cable on our farm, and there is no cable TV in Humboldt, which has 450 people." Well, they meant rural areas that are within counties that are standard statistical metropolitan areas, which have 50,000 people and above. So there is a great deal of confusion when we talk about "rural areas" around here. There are a lot of things I do not know, either, about urban areas, but I am trying to learn them. The point is, we have a lot of misunderstanding, but the rural population can very easily be overlooked, and we would have to forcefully argue for our cause and make people aware of it, and that is part of the purpose of this hearing, to heighten awareness.

But of course, a lot of rural people do not like to admit that they need any help until it is almost too late, at which time, it might be more expensive to take care of the problem. I contend that there are a lot of people in nursing homes who, with some minimum supportive services, could be in their own homes, with some degree of planning. But in our State, very frankly—and I am not critical at all—but I guess our State legislature has made certain decisions about funding, and the Federal Government has, and maybe we think we are saving money in these areas, whereas actually, in the long run it is costing more. That is always something that, in planning and legislating, we have to consider.

Dr. **Hofer**. I think that was documented in the long-term care study, and the information we found is that many of these individuals, since the care services at the primary care—lower care levels—are unavailable and are difficult to reach due to transportation and medical manpower shortages, apply for nursing home care and enter at the highest level, not at an intermediate level. The result is, as you say, much more costly. They enter at the skilled level often because they have gone without other care that they needed for a much longer period of time; that has been documented.

Senator **Pressler**. We will be submitting some written requests for statistics, because I want to start getting these out to the Budget Committee and the Appropriations Committee, and we are going to be submitting questions on some of the things I raised today to the Census Bureau and to the Department of Agriculture. Dr. Hofer's really outstanding testimony here has focused our thinking. But we have to keep speaking up for rural older Americans, because if we do not, nobody else will. We cannot allow them to be the quiet, forgotten Americans, because they have built our country, and that is a very important thing.

So I thank you very much for being here.

With that, I will conclude this meeting.

[Whereupon, at 11:34 a.m., the hearing was adjourned.]

APPENDIX

ITEM 1. 1981 WHITE HOUSE CONFERENCE ON AGING RURAL MINI-CONFERENCE REPORT, SUBMITTED BY RUTH E. KOBELL

"Each time a man stands up for an ideal, or acts to improve the lot of others, or strikes out against injustice, he sends forth a tiny ripple of hope, and crossing each other from a million different centers of energy and daring, those ripples build a current that can sweep down the mightiest walls of oppression and resistance."

Robert F. Kennedy

Why a Series of Mini-Conferences on the Rural Aging?

For decades it has been recognized by rural leaders, rural-based organizations, and particularly by rural older people that advancing age in rural America brings with it certain unique and important problems that differ sharply from those problems faced by older city-dwellers.

There is an ever-growing number of policy-makers, members of Congress, and leaders in the field of aging who believe that far-too-little attention has been paid to these clearly definable, but extremely significant differences, between growing older in a *rural*, rather than an urban setting.

This series of grassroots Rural Mini-Conferences was convened as a major step in provoking nationwide thought, stimulating national discussion, and recommending to all levels of government solutions which will become an integral part of the national forum provided by the 1981 White House Conference on Aging.

It is clear that the mini-conference process has given tremendous opportunity to single-out and thoroughly examine important rural aging issues, and to recommend new and better ways to make the 1980's a decade of progress for *all* older Americans . . . urban *and* rural.

Some Important Facts You Should Know:

- Over one-third of our nation's elderly (60 years plus) live in rural America.
- 19% of the older rural population exists with a level of income below the poverty guidelines.
- Two-thirds of all sub-standard housing in the U.S. is in rural America, much of which is occupied by older persons.
- Public transportation is nearly non-existant in rural America—greatly affecting the ability of older persons to get to needed services, or to receive proper and timely medical care.

- Many programs and services currently available under the Older Americans Act do not reach rural areas or serve geographically isolated older persons.
- Lack of nearby medical care often means older persons go untreated or make long, expensive journeys to urban medical facilities, if they are able to get transportation.
- Full or part-time jobs for older rural persons are limited, giving little opportunity for supplemental earnings.

Rural America and its people truly are "Coming of Age" and we can ill afford to allow apathy, insensitivity, or ignorance to spawn a new breed of forgotten Americans. Nor can we allow inattention or misdirected programs and services to perpetuate the misery and frequent human tragedy which befalls many rural people as they advance in years.

These rural mini-conference then, represent a new beginning and a fresh start into the next decade, forged by people who care, and by people who believe that the highest quality of life America can offer should extend from birth to death . . . for all people . . . wherever they chose to live.

How Were the Rural Mini-Conferences Convened?

Green Thumb, Inc., a rural-based national aging organization under the sponsorship of National Farmers Union, was designated by the Executive Director of the 1981 White House Conference on Aging, Jerome Waldie, to serve as the official convener of the Rural Mini-Conferences.

The Green Thumb Organization was selected as the convener because of its demonstrated years of concern and experience in developing and implementing programs and services tailored to meet the needs of older rural people. Operating programs in 45 states, Puerto Rico, and the District of Columbia, Green Thumb had the nationwide capability and administrative network necessary to undertake the organizational planning and provide the logistical support required to convene the Rural Mini-Conferences.

How Many Rural Mini-Conferences Were Held and How Were They Financed?

Six Rural Mini-Conferences were held on a regional basis as follows:

I. September 8-10, 1980
Owensboro, Kentucky

Serving: Kentucky, Indiana, Virginia, Illinois, Ohio, West Virginia, Michigan

II. September 23-25, 1980
East Hartford, Connecticut

Serving: New York, Delaware, New Jersey, Pennsylvania, Maryland, Vermont, New Hampshire, Maine, Massachusetts, Connecticut, Rhode Island

III. October 5-7, 1980
Jacksonville, Florida

Serving: North Carolina, South Carolina, Georgia, Alabama, Mississippi, Florida, Puerto Rico, Tennessee

IV. October 19-21, 1980
Sioux Falls, South Dakota

Serving: North Dakota, South Dakota, Minnesota, Wisconsin, Iowa, Nebraska

V. November 12-14, 1980
Oklahoma City, Oklahoma

Serving: Arkansas, Kansas, Louisiana, Missouri, New Mexico, Oklahoma, Texas

VI. November 23-25, 1980
Sacramento, California

Serving: California, Washington, Oregon, Montana, Wyoming, Idaho, Nevada, Colorado, Utah, Arizona, Alaska, Hawaii

Financing for the Rural Mini-Conferences was made possible through a series of unprecedented interagency agreements which pooled monies from a host of federal agencies having responsibilities toward the elderly in rural areas.

The following federal agencies participated in, and provided financial assistance to the Rural Mini-Conferences:

1. The United States Department of Agriculture;
2. The United States Department of Labor;
3. The United States Department of Housing and Urban Development;
4. The United States Department of Health and Human Services;
    Health Care Financing Administration
    Health Services Administration
5. The Appalachian Regional Commission;
6. The United States Department of Transportation;
7. The Community Services Administration.

These agencies which provided financial support, along with literally hundreds of locally-based Community Action Agencies, Area Agencies on Aging, Universities, civic and social service agencies that staffed and gave technical assistance, made the Rural Mini-Conferences possible, and made them work.

How Were Participants in the Rural-Mini Conferences Selected?

Conference participants were essentially comprised of two groups:

1. 650 Delegates—whose expenses were paid through Mini-Conference funding, after meeting certain eligibility criteria, and being screened and officially selected by a state Rural Aging Task Force.
2. Non-Delegate participants—represented agencies and organizations, or who were simply interested and concerned local citizens. Non-Delegate participants primarily represented the network of social service professionals providing a wide range of services to the rural elderly. All Non-Delegate expenses were borne by each individual.

Green Thumb, Inc. serving as the Rural Mini-Conference convener, was responsible for the establishment of a "Rural Aging Task Force" in each state. The "Rural Aging Task Force" was composed of a wide range of local, state, and federal representatives whose primary purpose was to fairly screen and select from among the eligible delegate nominees in each state, a representative number of delegates who could articulate the needs, and act in behalf of the rural elderly of their respective states.

Criteria For Delegate Selection

Rural Mini-Conferences

1. The delegates shall be selected by a State Rural Aging Task Force coordinated by the Green Thumb State Director. The composition of the Rural Aging Task Force will be at the discretion of the Green Thumb State Director. The WHCoA State Coordinator, a representative from the funding agencies, a representative from the State Aging Network, as well as representatives from other organizations, agencies, churches and groups concerned with RURAL aging issues should be invited to participate as Task Force Members.
2. The method for selecting delegates to the Mini-Conference shall be determined by the Rural Aging Task Force. (Delegates may be nominated and selected by the full Task Force, or organizations/groups represented may be apportioned delegate positions to fill, etc.)
3. The state delegation must meet the following criteria:
    - 100% Rural
    - Majority women
    - Geographically distributed within rural areas of the state
    - Reflect minority representation as based on the percentage of minorities in the state rural population
    - Majority low income (using SCSEP guidelines)
    - 90% age 55 or older
    - Represent both small town and on-farm living
    - Diverse backgrounds (educational and occupational)
4. Delegates should be able to articulate the needs and problems of the rural elderly in the context of group discussion.
5. Delegates should be willing to travel to the site of the Mini-Conference alone. If not alone, the Green Thumb State Director shall identify and arrange for a responsible person to accompany the delegate to the conference without additional expense to the conference.
6. Delegates should complete all pre-conference questionnaires and forms, and submit them in a timely fashion to the designated office.
7. Delegates should be able to provide reports on the Mini-Conference once that conference has concluded.

What Process Was Utilized to Examine Rural Issues and Develop Recommendations?

All Rural Mini-Conference Participants were involved in intensive discussion in small group workshops. Problem identification within each issue group utilized a process of brainstorming, consolidation, and prioritization.

Participants were encouraged to "dream a little", . . . to think what life should and could be like under ideal circumstances. This helped in determining "action steps" necessary to move from the present state of rural programs and services, to where we *ought* to be as a nation within the next decade in addressing needs of the rural elderly.

Finally, solutions were recommended and resolutions adopted for the purpose of guiding local, state and federal policy and lawmakers as they attempt to understand, develop, and implement workable new approaches to enhance the quality of life, and to assure preservation of the dignity and independence of older, rural Americans.

This 1981 White House Conference on Aging holds a promise . . ., a promise of renewed hope . . . a promise that individual effort can and does make a difference. And thus, this series of Rural Mini-Conferences, along with the following recommendations, *provide a staging area for action, and fulfillment of a national promise and commitment to rural America through the Older Americans Act.*

Recommendations for Action

The following recommendations are the product of the considered thought, research, hard work and long hours of nearly 2000 dedicated rural leaders. Their toil was a labor of love . . . but is only a small manifestation of the dedication and determination to make their dreams, hopes, and aspirations a reality for older rural Americans. *They deserve and will accept no less.*

By way of *Resolutions* adopted at each of six Rural Mini-Conferences, recommendations were made as follows:

TRANSPORTATION

In rural America, mobility is vital. Transportation, or more often a lack of it, affects literally every area of rural life.

For the elderly, the ability to move about can be as important as life or death. Transportation for the elderly can mean living life to its fullest, or without it, living a lonely existence in exile by circumstance, isolated from friends, church, health care, work, shopping and other important and needed services.

No one item holds the solution to so many pressing rural problems as does having adequate, affordable public transportation. Hardly a meeting or conference convenes to discuss rural issues or problems that does not define transportation as the number one problem to rural inhabitants.

For the elderly who do not own a car, and over fifty-percent do not, some form of public transportation is essential to the maintenance of independent living. Without transportation, many older rural persons who could, and would work, cannot, simply because they have no way of getting to and from a job. Many others are institutionalized because access to health care is vital, and without transportation relocation becomes necessary.

Furthermore, so often the many elderly in rural areas who enjoy good health are confined to their homes because they do not own a car, cannot afford to drive a car, or simply will not drive.

A great lack of understanding seems to exist within government at all levels, of how important mobility is to the overall economic and social health of any given area or community. Particularly, many federal officials and lawmakers seem to still hold the mistakened belief that a cross-town bus stops at every street corner across America.

Rural older people know how important transportation is to their well-being, and local officials know too, that transportation is often the *one* ingredient that makes all other programs or services work.

Why then is an affordable public transportation system so elusive, yet so needed? Mainly, because few seem to understand the problem, and fewer yet seem to care about devising a national solution.

Steps have been taken-halting steps at best-but much remains to be done to begin an all-out attack on the problem that is at the heart of rural America's future.

The Rural Mini-Conferences made the following recommendations on transportation to improve the lives of the rural elderly:

- Every effort should be made to provide education, intense technical assistance, and a more clear interpretation of federal and state regulations, in order to encourage local applications for assistance in establishing integrated rural transportation systems.
- A Rural Mass Transportation Administration should be established within the U.S. Department of Transportation, which would coordinate, plan, develop, and finance rural transportation systems throughout rural America.
- Greater coordination should occur between the Federal Highway Administration and the Urban Mass Transit Administration, as related to rural transportation programs.
- Re-examine state insurance options and rates offered by individual insurance carriers to maximize the utilization of public, voluntary, and religious sector transportation systems.
- Extend coordination efforts between the Department of Labor, Federal Highway Administration, and the Urban Mass Transit Administration to provide innovative demonstration efforts in rural public transportation.
- Where possible, encourage the development of regional public transportation systems in rural areas, with emphasis on multi-community cooperation.
- Encourage the development and initiation of privately owned transportation systems in rural areas through low-interest loans on capital and equipment, through tax incentives, and through cooperative relationships between local government and private business.
- Direct a proportionately fair share of transportation dollars from federal and state sources toward rural areas.

- Waive match requirements in those rural areas which are unable to raise enough local dollars to receive federal funds.
- Assure that in all planning of rural transportation, provisions are made for use by the elderly, and that route structuring takes into consideration the transportation needs and geographical locations of rural elderly persons who often are unable to get to pick up points far from their homes.

EMPLOYMENT

"No man needs sympathy because he has to work . . . . . Far and away the best prize that life offers is the chance to work hard at work worth doing"

Theodore Roosevelt

Many real and artificial barriers exist which serve to prevent older, rural workers from extending their work years beyond previously traditional retirement age. Re-entry into the work force, or entry at a later age, becomes nearly impossible for rural older persons wishing to work.

Older women, or widows who may have raised a family and who have been homemakers, often are rejected by employers as "not having enough work experience." Problems are compounded in rural settings where jobs are scarce and public transportation is unavailable.

Rural job seekers who are older face multiple difficulties created by generally fewer jobs, poor or non-existent public transportation, lower wage scales, and a shift or decline in the types of jobs for which they may have been trained or experienced. Jobs in agriculture, forestry, or agriculture-related fields are steadily declining due to both economic factors and mechanization.

Traditional barriers to the employment of older workers are also more prevalent in rural areas where age discrimination is often overlooked or ignored.

As a nation, we are beginning to recognize the tremendous contribution which the skilled, experienced, and willing hands and minds of older workers have made and can continue to make in our economy. Programs like Green Thumb and Senior Aides have demonstrated ways in which this vast national resource can be applied to make our communities a better place in which to live, work, and play.

We simply must learn new and better ways to unleash this vast, untapped resource, and to extend productivity and financial independence into later life.

To that end, Delegates to the Rural Mini-Conferences made the following recommendations:

- The *federal government serve as the employer of last resort* and expand job opportunities in rural areas through the Senior Community Service Employment Program (Title V of the Older Americans Act) and C.E.T.A. Public Service Jobs Programs. Fewer than one percent (1%) of eligible workers are currently given the opportunity to work.
- Establish integrated, workable public transportation systems in rural areas to enable older persons to seek and accept work.

- Develop incentives for local, state, and federal governments to take the leadership in developing part-time, time-sharing, and flexi-time work schedules, and encourage the private sector to follow the example.
- Examine practices in Employment Service Offices to assure that rural areas are adequately served, and that older workers are identified and given counseling assistance. The establishment of an "older worker counselor" has proven extremely successful in limited pilot efforts. This concept should be expanded into rural Employment Service Offices to enhance understanding of the special needs of older rural workers, and to lessen intimidating experiences when the age difference between counselor and client is great. Older persons respond to "peer counseling" when assisted by a counselor of similar age in seeking employment.
- Encourage the private sector to employ substantially greater numbers of older workers through the use of tax incentives.
- Lift social security earnings limitations to provide incentives for older workers to continue working, earning, and contributing.
- Expand loan programs and technical assistance available through Farmers Home Administration and the Small Business Administration, and earmark resources for older persons wishing to become self-employed, or to enter private business.
- Extend vocational rehabilitation benefits to older workers in order to provide assistance with dentures, eyeglasses, hearing aids, and prosthetic devices necessary to seek or continue gainful employment.
- It is now clearly recognized that *functional* rather than chronological age is a better measure of when an employee should disengage from the labor force. Funding should be provided for national research and development of *functional criteria* for measuring employee ability to continue working, in order to prevent arbitrary age-based forced retirement.
- Develop usable, understandable Affirmative Action Guidelines for public and private employers in implementing the provisions of the Age Discrimination in Employment Act. These guidelines should be clear, monitorable, and enforceable under law.
- Eliminate all upper age limits under the Age Discrimination in Employment Act.
- Provide funding through the Administration on Aging and the U.S. Department of Labor for the conduct of nationwide educational efforts to create better understanding of the value of older workers among employers, potential employees, and the general public. Such educational efforts would include private-sector employment demonstration projects including the establishment of private sector job banks and employment placement services for older workers in rural areas.

HOUSING

Housing problems among the rural elderly are acute and often tragic in human terms. Many elderly rural persons are living in sub-standard housing with inadequate plumbing or sewage facilities, or none at all, and many still have unsafe sources of drinking water. Sixty percent (60%) of all our nation's sub-standard housing is in rural America, and one of four such homes are occupied by an older person or family.

Many rural homes occupied by older persons were built over fifty years ago and are inadequately heated or insulated, and in hot weather climates, homes oftentimes are poorly insulated and have no cooling system. Thousands of older persons die annually from cold or heat, preventable by proper, and relatively inexpensive, weatherization treatment.

For older homeowners with often low and fixed incomes, simple maintenance, as well as skyrocketing energy costs, are an enormous drain on limited financial resources. Many older rural persons must choose between fuel or food during winter months, and for many, the choice is tragic.

There is clear evidence of severe national neglect of rural areas in the allocation of resources to finance new, low-cost rental, or owner-occupied housing.

Congregate housing for the elderly in rural areas still lags far behind metropolitan areas in the number of per capita units available. Still worse, there exists no national plan or timetable to approach this serious problem in an organized, efficient way. Great confusion has been created, in part, by overlapping federal agencies, inconsistent financial guidelines for low interest loan and rent supplement programs, and even by different and unrealistic definitions of the term "rural" among agencies administering housing programs in rural areas.

Mortgage money for owner occupied housing is often scarce in rural areas, as is financial assistance to private developers for the building of multi-family housing, affordable to low or moderate income older persons.

Furthermore, development costs are often prohibitive in rural areas. This, coupled with typically smaller developments, often serves as an economic dis-incentive to developers, even though the need exists and is real for many ill-housed older persons.

Delegates to the Rural Mini-Conferences made the following recommendations toward the solution of rural housing problems:

- Substantially greater funding should be provided through H.U.D. and F.H.A. to finance rural congregate housing with multi-service facilities incorporated into the design.
- Expand weatherization programs in rural areas for both summer and winter, including alternative energy-efficient heating and cooling methods and the installation of insulation and infiltration prevention materials.
- Expand and effectively utilize Farmers Home Administration money, and rental assistance programs. Extend the use of program funds to mobile homes.
- Transfer weatherization funds and administrative authority for those funds from the Department of Energy back to the Community Services Administration to improve the effective use and delivery of program resources.
- Develop consistent standard eligibility guidelines to be used by all federal agencies in determining income eligibility for rental assistance programs, low-interest housing loans, weatherization assistance and other housing-related programs serving the elderly in rural areas.
- Develop a national housing policy, with a plan and timetable for providing orderly and equitable distribution of housing resources and assistance to rural areas.

- Provide consumer housing guides and information about available housing programs for use by the rural elderly.
- Develop tax adjustments for the elderly to decrease tax burdens with age.

NUTRITION

"Man has but one body in which to house the existence of an entire lifetime. Therefore, the care which one takes of his body to a large extent determines the quality of his existence here on earth . . ."

For all of us, the ability to remain healthy, independent, secure, and productive depends greatly upon an accurate knowledge of proper nutrition, as well as upon the availability of nutritious foods and supplements, and our access to them. Indeed, without a nutritious diet, good health and both physical and mental well-being cannot be obtained.

Proper nutrition is essential for normal organ development and functioning, for normal cell reproduction, growth, and maintenance; for optimum activity level and working efficiency; for resistance to infection and disease; and for the ability to repair bodily damage or injury. Therefore, every effort should be made to attain and maintain an adequate, balanced daily intake of all necessary nutrients throughout life.

Unfortunately, the opportunity to obtain a balanced, nutritious diet is not one enjoyed by all older Americans today, because of a variety of factors, which include: insufficient nutrition education; limited or fixed incomes with which to purchase dietary requirements; unavailability of nutritious foods and vitamin/mineral supplements; insufficient funding for congregate and home-delivered meals, as well as other nutrition services; and limited access to nutritious foods and health services, where available.

For the rural elderly, these problems are compounded by the oftentimes great physical distances separating the elderly consumer from the service and by the lower economic tax base of rural communities with which to support nutrition projects. Furthermore, the overall higher cost per unit of nutrition services to rural residents, as opposed to their urban and suburban neighbors, contributes to a lower percentage of funding, development, and delivery of nutrition services to rural areas.

Certainly, proper nutrition is considered to be an essential technique of "preventive medicine," as well as a necessary ingredient for the effective treatment of health-related problems.

In Rural America, where health services are inadequate to meet the needs of its citizenry, preventive health care is of great consequence to the physical and mental well-being of older citizens. Good health in one's later years may mean the difference between living independently in one's own home, or being institutionalized in unfamiliar surroundings. It may mean the difference between financial independence or dependence, between happiness or despondency.

The opportunity to obtain nutritious meals, both congregate and home-delivered, is an opportunity of life-giving and life-sustaining proportions to thousands of rural elderly. Because proper nutrition was recognized as being so vital to an active, satisfying life as one grows older, Delegates to the Rural Mini-Conferences recommended that:

- A qualitative measure constituting one-third of the daily minimum nutritional allowance should be required for daily meals provided in congregate facilities and to the homebound.
- Processed foods should be clearly and simply labeled for nutrient value.
- Realistic, expanded funding should be earmarked for rural senior nutrition and social service delivery programs, taking into consideration and uniquely rural problems of physical isolation, as well as the corresponding higher cost of service delivery to rural area residents.
- Social services which were allowed to be budgeted with nutrition money until FY '81 should be reinstated with adequate monies allocated for those services.
- Restrictions on the use of Medicare, Medicaid, and Food Stamps should be lifted in order to allow the purchase of vitamins and other nitrition supplements by the needy elderly.
- Explore alternative service delivery modes appropriate to meet uniquely rural needs such as mobile grocery stores.
- Expand home-delivered meals to include frozen, canned, and shelf stable goods, as well as nutritious snacks served with meals to be eaten later in the day.
- Increase coordination of funding, development, and delivery among responsible agencies and organizations in order to best meet rural needs.
- The Federal Government should reexamine the total nutritional needs of the rural elderly and the hungry, and through a coordinated government effort, mail Food Stamps directly to rural elderly residents.
- Remove legal restraints to allow for full utilization of USDA excess commodities by charitable and non-profit organizations/groups; advocate alternative processing techniques using volunteer labor through gleaning and in community canning centers.
- In order to most effectively meet the nutritional needs of the rural elderly, meals should be served three times a day, seven days a week in nutrition sites with no limit on the number served. Home-delivered meals should be available to meet the needs of all who are unable to eat at the congregate site, with no limit on the number served.
- The Federal Government should examine ways in which rural transportation funds are allocated and delivered; eliminate uniform transportation delivery statutes for urban and rural areas in order to allow for maximum flexibility to meet existing local needs; and require transportation vehicles to be equipped for the handicapped.
- A sliding scale for income eligibility should be examined as a means by which scarce resources may be targeted to those most in need. However, factors relating to emotional stability, physical well-being, and independent living should also be considered in defining those "most needy."
- Health and first-aide training should be provided to nutrition site and outreach personnel in order to enable them to respond quickly and effectively in emergency situations.

- Increase federal monies available under Title III of the Older Americans Act to provide nutrition education and counseling, in addition to adequate and accessible congregate meals and home-bound delivery for the rural elderly.
- Federal policies should encourage and support local community involvement in providing resources, facilities and services for food purchase, preparation, and delivery, as well as nutrition education information and counseling for older rural residents.

ENERGY

A national problem of no small consequence, the problem of energy and skyrocketing energy costs strikes first at those most vulnerable and least able to pay . . . . the rural elderly.

Dependent on costly, private transportation, held captive to the price of oil, gasoline, or other sources of energy transported far from metropolitan distribution centers, and more than likely living in poorly insulated housing, the rural elderly are often the first victims to see and feel their fixed incomes being eroded by inflated energy costs.

The rural elderly often occupy housing which is least energy-efficient and in need of insulation, weather stripping, and other energy-related improvements. Consequently, an ever-increasing percentage of available household income must be spent on heating or cooling energy costs.

Home energy costs are often the least variable of household costs among the rural elderly, as the elderly tend to occupy their homes during most hours of the day, and are unable to alter temperature settings to more energy-saving levels for extended periods. Because of their low-incomes, elderly households are among those least able to afford home improvements which would reduce energy bills.

Energy Crisis Assistance Programs and weatherization programs are currently inadequate to meet existing needs, and often are not extended to isolated rural areas for reasons of higher cost-of-delivery, or because the rural elderly are often unaware of available assistance.

Immediate recognition of the problem, coupled with decisive action, is needed to avert further suffering, and all-too-often choices between fuel or food by financially overburdened older persons.

Delegates to the Rural Mini-Conferences recommended the following actions to alleviate many energy-related problems among the rural elderly:

- Many older rural residents are uneducated regarding available energy assistance programs, and are in great need of information on energy conservation methods and practices which can help reduce household energy costs. Steps are encouraged for cooperation between utilities and government to develop (a) education programs for standard conservation practices (b) rewards or incentives for conservation (c) outreach efforts for conservation awareness (d) home energy audits.
- Establish uniform and fixed energy rates for home heating and cooling for the elderly based on ability to pay.
- Develop a federal energy stamp program to provide reduced energy costs to qualifying families.

- Develop fair and understandable regulations for energy cut-off procedures.
- Provide regulated weatherization standards for new construction of homes or buildings.
- Provide increased federal funding for the development of reasonably priced energy, and the exploration and research of alternative energy sources such as thermal, water, solar, wind, peat, wood and wood by-products, coal, alcohol, and methane.
- Expand nuclear energy research with emphasis on safety and waste disposal methods.
- Expand energy conservation in transportation through coordinated pooling, better vehicle design, and multi-use vehicles.
- Improve and maintain railroad and waterway systems using bold and innovative approaches in moving people and goods.
- Expand research into alternate living modes such as underground housing, foam construction and innovative congregate housing arrangements.
- Establish elected Public Service Commissions with provisions for public review of utility rates.
- Stop preferential rates for high volume users of energy.
- Re-evaluate environmental regulations to determine where modest relaxation can gain high returns in energy use reduction or cost reduction.
- Mandate through regulation, use of available conservation technology both for new construction and retro-fit on older buildings and homes.
- Rewrite building codes to require use of conservation technology, and enforce through bonding requirements and inspection.
- Greatly expand funds available for weatherization, including financial assistance, conversion of heating systems to more energy-efficient and cost efficient units.
- Make greater use of tax incentives to encourage conservation and to expedite weatherization.

RETIREMENT INCOME/ECONOMIC WELL-BEING

"All of us could retire nicely, without financial worries, in our old age, if we could dispose of our experiences for what they cost us."

Author Unknown

No national promise rings so hollow to many older rural Americans than the promise of financial security and adequate income to meet essential living expenses. One in five older persons in rural areas live below federally established poverty guidelines, and many more are among the "marginally poor". That is, they have a family income which only slightly exceeds the stringent poverty guidelines.

Financial security among older rural residents has often been a lifelong problem. With generally lower wages, few job opportunities, and a declining agricultural economy, many families were unable to save or invest for their retirement security. Others, of course, were not covered by Social Security or because of low earnings, only made minimum contributions.

Nationwide, inflation has eroded the buying power of fixed-income dollars jeopardizing the security of millions who expected to at least be able to meet their housing, food, and utility bills, if not to have financial "peace of mind" in their later years.

Rural older persons, dependent on private transportation to move about, are often forced to face expensive automobile ownership, or substantially higher transportation costs to get to essential health services, stores, and other services often centered long distances from their homes.

In short, being older and being "rural" represents a double threat to individual financial security, and certainly being one of many ethnic minorities living in rural America, adds even a third unfavorable dimension.

In order to assure the financial security of older rural residents, and to promote individual self-esteem and independence, the delegates to the Rural Mini-Conferences recommend the following:

- Amend Social Security laws to provide greater protection for women, particularly widows, and divorced widows. Such changes should include provisions for:
  (1) When a spouse dies, the surviving spouse or surviving divorced spouse inherits the deceased spouse's earnings credits to the extent that credits were earned during their marriage.
  (2) Recognize marriage as an economic partnership, and as such, that homemakers contribute to that partnership.
  (3) Inherited credits would be added to any credit earned by the surviving spouse before, during, or after marriage.
  (4) At age 62 the survivor would become eligible for retired workers benefits. That benefit would be based on (A) inherited credits if survivor has never worked in the paid labor force, or (B) a combination of inherited credits and credits earned by the survivor.
  (5) Disability benefits for homemakers.
- Change inheritance tax laws which penalize women involved in the economic partnership of farming.
- Develop responsive adjustments in Social Security payments which more accurately, and in a more timely way, reflect increases in the cost of living index.
- Social Security benefits should never be less than federally established poverty levels.
- There should be no taxation of Social Security benefits.
- Private pension plans should be transferable.
- Emphasis by the federal government should be toward a more balanced federal budget, along with encouragement of increased individual production according to individual capacity.
- Social Security cost-of-living increases should not affect eligibility for food stamps, medicaid, or H.U.D. rent levels.

- Earnings limitations on Social Security should be removed entirely to encourage continued earning and later retirement.
- Eliminate taxes on savings.

MENTAL AND PHYSICAL HEALTH AND LONG TERM CARE

"Grow old with me! The best is yet to be — The last of life for which the first was made. . ."

Optimistically implying that one's later years should be filled with meaning, purpose and the opportunity to live satisfying, productive lives, these words of Robert Browning point to a sad disparity which oftentimes exists in our country. This disparity is between our dreams of a bright future as we grow older, and the solemn awareness that those dreams are not realized by many elderly Americans because of inadequate basic health care services in the more sparsely populated rural countryside.

The maintenance of one's physical health, and consequently, a system of comprehensive health and long-term care services has long been viewed as a basic right to be enjoyed by *all* American citizens, regardless of sex, age, race, ethnic background, religious or political preference/affiliation. Also to be added to these categories is that of "geographical location", since rural residents possess uniquely different health service problems, conditions, and service delivery requirements than those of urban and suburban residents.

Certainly, for America's older rural citizens, health care services may mean the difference between independence and institutionalization, between dignity and humiliation, between hope and despair, life and death.

On behalf of the almost fifty percent of all rural Americans who live in medically underserved areas, Delegates to the Rural Mini-Conferences recommend that:

A. *Medical/Health Coverage*

- A comprehensive national health care plan should be legislated, financed, and implemented for *all* Americans, replacing Medicare and Medicaid. Pending the achievement of such a plan, the complete range of health care services for the elderly must be provided by expanding the coverage and financing of Medicare and Medicaid.
- Medicare policies should provide coverage for dental, hearing, and vision services; chiropractic services; supportive non-skilled, in-home health services; hospice care; intermediate nursing care; preventive health care; prescription drugs; mental health care; podiatry care; services by all certified medical/health care providers; and protection of patients' rights by service providers.
- Medicaid policies should cover preventive health care; hospice care; adult day care; homemaker service; physical therapy; and mental health care.
- Restrictions requiring the divestiture of assets in order to qualify for Medicaid coverage should be reviewed and liberalized.
- Restrictions which dissuade or prevent family members from meeting the health care needs of their older family members because of insufficient financial inducements or assistance, should be removed, with incentives such as tax credits, funds for custodial care, and home delivered meals made available to families who take care of their own.

B. *Access to Health Services*

- Affordable rural public transportation and ambulance service should be developed and expanded to provide equitable access to medical and other health-related services.
- Legislate and finance additional mobile health care units, day care centers, well-senior clinics, hospice care, respite care, in-home care, home-delivered meals and rural health clinics with health care specialists available on a regular basis.
- Expand health education and preventive care programs for the rural elderly and their families through increased consumer and community planning, coordination, and delivery of services; distribution of information; use of available media and communications systems; and expansion of older worker and CETA programs to implement these programs.
- Eliminate prior cash payment requirement for admittance to hospitals and other health service facilities.
- Establish ombudsmen to assist the rural elderly in obtaining appropriate care, completing health claims, understanding medical care provisions, and alleviating adverse conditions relating to health care needs and services.
- Establish a ceiling on all health costs, including insurance fees for medical care, and prescription drugs.
- Provide incentives which encourage pharmacies to honor Medicaid Cards and prescriptions under Medicare.
- Encourage and expand the availability of rural Health Maintenance Organizations.
- Provide inducements for state and local governments and private enterprise to encourage training and continuing education programs for long term care and other health service providers.
- Incentive payments should be made to rural paraprofessionals; grants to medical students specializing in family practice who are willing to serve rural areas upon completion of training; training in geriatrics to health professionals and paraprofessionals.

C. *Quality of Services*

- Improve quality of nursing home care through regular and stringent monitoring, inspecting, and evaluating of nursing home care.
- The concept of "peer counseling" should be expanded, utilizing trained older counselors within social service agencies to evoke a more effective response among older clients.
- The staff of all social services agencies should be sensitized, through specific training, to the emotional needs of older persons to whom they are providing services.
- Provide funding (federal and state) to make available a continuum of care for the rural elderly ranging from supportive in-home services, through institutionaliza-

tion. Modification of requirements and restrictions governing Titles XVIII, XIX and XX of the Social Security Act, and modifications of Comprehensive Older Americans Act should be made in order to most successfully permit older citizens to remain independent, in the environment of their choosing.

- Legislation should be enacted to redesign the eligibility criteria for Indians to ensure their participation in Social Security benefits; to support health programs for the Indian aged, staffed by Indian people; and to grant relief to Indians who find that they must give up their land, which is sacred, to qualify for needed health programs.
- Encourage better local coordination and communication between medical and home care providers in order to assure comprehensive continuing care and monitoring of health care plans. Local community and private resources should be encouraged.

SOCIAL AND SPIRITUAL WELL-BEING

"There is a destiny that makes us brothers; none goes his way alone, All that we send into the lives of others, comes back into our own."

Edwin Markham

Nothing is so fundamental or important to the quality of life among older, rural Americans than having the opportunity to fully participate in the social and spiritual life of their community.

So often the network of social and emotional support required to make life meaningful, is gained through the associations and fellowship of family, friends, and neighbors, in church, or in community social events.

It is imperative that programs and services be designed which expand upon, and enhance this natural support network.

Delegates to the Rural Mini-Conferences recommend the following:

- Promote an awareness of stereotyping, negative attitudes, and myths surrounding the elderly in our society; develop effective educational, public relations, and intergenerational programs and activities to correct this stereotyping, improve attitudes and erase myths.
- Develop and/or expand educational and informational programs which contribute to improved crime prevention at the local level. Volunteer programs such as "home watch", "alert", and self-defense programs should be expanded.
- Establish more effective and comprehensive consumer protection activities at federal, state, and local levels.
- Institutions of higher education responsible for the education of professionals in medicine, psychiatry, psychology, nursing, the clergy, and social work, should develop within their educational curriculum, a competent of quality geriatric and gerontology education which responds to the special needs and problems of the older population.

- Contribute to in-home family living for rural elderly by increasing SSI and Food Stamp allotments; protecting the family from severe economic loss due to family care of the elderly; provide low interest loans to families for home renovation which enables them to care for their elders.
- Fund volunteer programs in areas of administration, recreation, and management training; provide tax credits to volunteers for hours worked; give priority for additional funding to agencies/organizations which develop and provide volunteer programs.
- Support community programs encouraging "in-kind" contributions and the bartering work exchange concept.
- Enhance and expand the National Senior Companionship Program of ACTION.
- Exempt all drugs and food from taxation for senior citizens.
- Develop effective educational and skill development classes with input from the rural elderly designed to improve self-concepts, employability, and continue the process of life-long learning.
- Utilize the talents of the rural aging in local communities through employment, volunteer activities, on advisor/planning boards and committees.
- Encourage the development of neighbor assistance programs to relieve loneliness among the rural elderly by subsidizing volunteer visitation services.
- Fully fund Rural Development Act of 1972 which provided for industrial, agricultural, and rural community development in order to prevent the flight of rural youth to the cities, due to inadequate rural employment opportunities. The flight of rural youth is presently undermining the informal support system constituted by family and neighbors upon which the old and frail elderly depend for physical and emotional strength and stability.
- Local agencies/organizations should provide assistance in pre-retirement planning to the rural elderly.
- Local churches should provide taped worship services and sermons, conduct prayer meetings, and provide other special ministerial services for the home-bound rural elderly; conduct religious services at nursing homes on the Sabbath and religious holidays; offer volunteer chore and homemaker assistance; provide advocacy, counseling, information, outreach and referral services; offer home-delivered meals to the homebound, the sick, and the disabled.
- Encourage the teaching of the hospice concept, and affirm an individual's right to die with dignity; utilize the elderly in counseling and outreach efforts to bring about an acceptance of death as a natural process.
- Government policies should support and promote the continuation of small family farms as vital to the well-being of the rural elderly, and to the preservation of our national heritage.
- Expand the development of rural multi-purpose senior centers as focal points for the delivery and coordination of needed services for the elderly.

- Enact legislation to aid/or grant relief from the high cost of food, fuel, rent, health, and hospital care, taxes, and the other necessities of life, and ensure that the rural elderly will not become destitute, totally dependent, and subject to the despair of helpness.
- Provide for legislation authorizing speedy prosecution of and severe penalties for those who abuse and commit crimes against the rural elderly.
- Encourage public, private, and parochial schools to incorporate gerontology material in their curriculums and to use older citizens in sharing special knowledge and talents in a classroom situation.

SOCIAL SERVICE DELIVERY AND OUTREACH/OLDER AMERICANS AS A GROWING NATIONAL RESOURCE

"... Have love. Not love alone for one
But man, as man, thy brother call,
And scatter, like a circling sun,
Thy charities on all ..."

Friedrick Von Schiller

The best of programs, in design and purpose, is of no value to those who need it, but who cannot participate. The extension of education, information, and the direct delivery of in-home services are extremely important to older rural residents. No person or family should be denied needed assistance simply because of where they happen to reside. Yet in rural areas, thousands are ignored daily because they live too far from agencies providing services to their not-so-rural cousins, or because rural outreach and service delivery is considered "not cost-efficient."

Scattered populations *are* more expensive and more difficult to serve on a per unit basis, but are those hidden thousands somehow less important or less in need, or somehow second-class Americans because they are rural? Delegates to the Rural Mini-Conferences think not, and they have made the following recommendations for *action:*

- Expand and provide funds for increased advocacy efforts under the Older Americans Act.
- Eliminate federal regulations requiring matching funds for services/programs in rural communities.
- Adjust guidelines for appropriating funds for service delivery to the low-income elderly to reflect changes in the cost of living.
- Mandate federally funded service delivery agencies to provide outreach services to the rural elderly.
- Reimburse mileage expenses incurred by outreach volunteers.
- Increase funding for expanded outreach services and for effective training of outreach workers and planners.

- Mandate State Offices on Aging to hire Outreach and Social Service Delivery Specialists to assist in developing effective outreach guidelines and programs, and to provide technical assistance to outreach workers.
- Require shorter, simpler forms and fewer eligibility reviews for elderly persons by local, state and federal benefit programs.
- Raise non-exempt resource limitation levels for benefit programs.
- Mandate increased intergovernmental coordination between all federal agencies administering programs impacting upon rural seniors in order to assure consistency of interpretation and implementation of rural services and programs.
- Include in the 1981 reauthorization of the Older Americans Act the creation of a separate title for the provision of services to *rural* seniors. This title should have its own separate appropriations, indexed to the cost of living, and should reflect an understanding of and sensitivity to the unique needs of the rural elderly, and the problems which must be faced in order to effectively meet those needs.
- A national focal point to provide representation for the rural aging should be created and recognized by the Administration on Aging and other policy makers which would, for the first time, ensure *Rural Americans* an equal voice in the development of a national aging policy and in the legislative and executive decision-making process.
- The legislation authorizing and regulations guiding rural service delivery should be more flexible in allowing greater participation by the local elderly in determining priority needs, in developing and implementing outreach services to meet those needs, and in determining eligibility for receiving and maintaining outreach services.
- Educate public officials and agencies on the unique differences which exist between the rural and urban elderly - differences which cause rural service delivery to be more costly - in order that these differences may be fairly considered when determining allocations for rural service delivery.
- Local, state, and federal funding allocations for services to the rural elderly should be based on a "needs formula".
- Develop the "traveling van" concept of outreach services which involves transporting medical, mental health, and legal assistance experts to senior centers and private homes to provide information and counseling to rural elderly.
- Require the Older Americans Act and other federal programs affecting the rural elderly to define "Rural Area" as stated in the Rural Development Act of 1972 (PL 92-419):

  "The terms 'rural' and 'rural area' shall not include any area in any city or town which has a population in excess of 10,000 inhabitants, except that for purposes of loans and grants for private business enterprises under Section 304(b), 310(b), and 312(b), (c), and (d). The terms 'rural' and 'rural area' may include all territory of a state, the Commonwealth of Puerto Rico, and the Virgin Islands, that is not within the outer boundary of any city having a population of 50,000 or more and its immediately adjacent urbanized and urbanizing area with a population density of more than 100 persons per square mile, as determined by the Secretary of Agriculture, according to the latest decennial census of the United States."

- Provide telephone reassurance services to rural residents through local sheriff's offices, or by other service delivery agencies, volunteers, or older workers.
- Authorize and fund the research and development of educational materials, programs, outreach and referral systems to address the problems of alcohol and drug abuse among the rural elderly.
- Provide direct funding to the Navaho Nation and other supportive Indian tribes under the Older Americans Act for the delivery of social services in order to improve the physical, psychological and social well-being of the Indian elderly. Funding for Section 608 of Title VI of the Comprehensive Older Americans Act should be provided to maintain basic services for Native American rural elderly, both on and off the reservation.

Legal Services

- Promote the research of current laws and unfair practices existing in the areas of inflated real estate taxes on rural property owned by the elderly, and excessive inheritance taxes on farm property, encouraging local rural organizations and senior advocacy groups to affect positive changes on these important issues.
- Establish county-wide legal service coordinators who would prepare and conduct legal needs and resource surveys; obtain needed information, resources, and assistance from members of the local Bar Association, the State Legislature, and other legal aide providers; provide educational training and information on legal service matters to outreach and paralegal workers, senior and other organizational meetings, and the news media.
- Continue and expand legal information and assistance under the Older Americans Act.

SPECIAL ORDER OF BUSINESS

- The definition of "RURAL," as used by the 1981 White House Conference on Aging in determining urban and rural delegate representation unfairly contributes to the perpetuation of an urban bias in aging services and programs. This definition, which considers all persons residing in towns with a population of 2,500 or more to be *urban*, grossly neglects the rural character of small towns with populations of between 2,500 and 50,000. Thus, the Rural Mini-Conference delegates recommend that the present WHCoA definition of "rural" be changed to that, as stated in the 1972 Rural Development Act, which considers all persons residing in areas with a population under 50,000 to indeed, be RURAL citizens.

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Through the 1981 White House Conference on Aging we witness the best form of American democracy. People . . . grassroots people, sharing in their government, and taking responsibility for shaping their own destinies.

This report on the Rural Mini-Conferences is an important part of that process . . . but we have only begun.

We are each instruments of change, but together, driven by dedication and conviction *we make a difference.*

Footnote: A conference questionnaire, developed in cooperation with Dr. Harold Cox, Chairman, and Gurmeet Sekhon of the Indiana State University Department of Sociology was administered to all Rural Mini-Conference participants. This questionnaire was tabulated by computer and analyzed, and provides significant demographic and attitudinal information, as well as a rating of rural needs. Copies of questionnaire results will be provided by National Green Thumb upon request.

ITEM 2. A PROPOSED AGENDA OF RESEARCH GAPS IN RURAL AGING: CRITICAL REFLECTIONS ON RESEARCH PARADOXES

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Introduction

A commonplace observation notes the enormous increase in the sheer output of research literature in the field of gerontology, especially since World War II. Yet it remains no exaggeration to assert that gerontology remains a "youthful" enterprise, especially with respect to sociological work on aging. By "youthful" I mean that the actual substantive and/or theoretical developments in the sociology of aging emerging from such studies cannot be indexed by the volume of literature.

This attribute applies with even greater precision when one turns to "sub-populations" of elderly for special examination--in particular, social research on rural elderly reflects very recent efforts. A small, but steadily growing, body of literature now exists attesting to the special conditions encountered by rural elderly that are not faced by their urban counterparts (Adams, 1975;Ansello,1980; Harootyan, 1977; Harris, 1978; Lawton, 1980; Scholler, 1975; Sotomayor, 1981; Task Force, 1980; Wiles, 1979; Youmans, 1967 and 1977; Zuiches and Brown, 1978; and Wozny, et. al., 1981). For example, health status is an especially critical domain for rural elderly (General Accounting Office, 1980a and 1980b;

Profiles, 1981; Shook, 1980; and Sutherland, 1981a).

Yet even this record illustrates paradoxes: on the one hand the research efforts devoted to rural aging studies remains limited and meager with respect to that done on urban aging (Coward, 1979 and Youmans, 1973). A recent bibliographical survey examining some 40,000 publications written specifically on aging found that less than 2 per cent dealt with a rural aging population (Kim, 1980:390). On the other hand, policy response to such studies on the "double jeopardy" or "triple jeopardy" special circumstances of rural elderly has been described as a subtle, but systematic discrimination in public funding for services to rural areas (Ambrosius, 1979; Cloward, 1979; Improving Services, 1979; Kim, 1981; Kivett and Learner, 1981; Nelson, 1980; and Reid, Godsey, and Hines, 1978). An unsettling result of special survey studies done with delegates and non-delegates attending the six Rural Mini-Conferences held around the country as part of preparations for the 1981 White House Conference on Aging is congruent with the lack of research and policy connectedness. Almost 90 per cent of delegates and non-delegates agreed that (1) policy planners in aging services did not understand the unique needs of rural elderly and (2) government administrators and planners were not cognizant of the special problems of rural elderly (Cox and Sekhon, 1981: 11).

In one sense, the difficulties of knowledge production and practice highlight a deeply imbedded feature of gerontology that reflects unquestionable missions of the field---namely, knowledge production about aging should be constituted in ways applicable for improving the lifes of elderly citizens.

The presentation will stress the research aspects of knowledge production in rural gerontology and suggest basic knowledge areas that illuminate gaps in research endeavors. With one exception, I will not present detailed argumentation for the proposed agenda of research gaps. The exception involves recently completed research on rural elderly as yet unpublished and a sample paper from that project is provided in an Appendix. The other identifiable issues for research do reflect the work involved in that project and in others, but the details for these points will be illustrated only.

Research Gaps in Rural Aging: A Proposed Agenda

(1) Research/Practice

As noted above, the intent in gerontology connecting knowledge to practice is essentially a gerontological axiom. No ones questions the openly valued intent of developing knowledge constituted in such a manner as to be applied in services and programs seeking to improve the quality of life for older persons. The paradox is seen in the continual tensions and dynamics characterizing this intention----be it the frustration of practitioners seeking to "translate" research into practice or the complaints of researchers that policy designers have no adequate grasp of basic knowledge. Is there any evidence in rural aging of what research is traceable to what use?

I argue that at best, the utilization of research knowledge to applied rural gerontology is primarily technical in nature. By this I mean the desire for instrumentation and factual information. The OARS* development and widespread use illustrates the first point (especially in the Channeling projects now underway) and the need for up-dating of socio-economic data of rural elderly illustrates the second point. What remains unexplored are investigations into more complex integration of knowledge transferral into policy---the ways in which interpretive processes utilization technical data evolve policy.

The most sophisticated research effort along these lines (admitedly in a non-gerontological setting) does not provide encouragement for those with a mechanistic model connecting knowledge and policy. While gerontologists and policy makers surely recognize "political" dimensions to information-exchanges in policy formation, RANN (Research Applied to National Needs Division) sponsored studies of the use of social science information and public policy making at the federal level indicate a more subtle process (Rich, 1981). Rural gerontology remains unaware of the value of non-aged related research in the sociology of science as a means of developing age policy strategies. We need research focus directly on knowledge-transfer mechanisms from rural gerontology to rural practice.

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*Older Americans Resources and Service

(2) Rural Environment: Barrier to or Essence of Rural Aging?

The search for a satisfactory definition of "rural," especially in terms of legislative policy, continues. Surely a common element involved in that effort admits to the environmental character of rural life---the distances, geographical isolation,sparsely populated areas, or agricultural land features--that distinguishes it from urban America. Yet this most essential feature in which rural aging occurs becomes defined as one of the most severe problems for rural elderly. Availablity of services and facilities seems relatively advantageous for urban elderly, and all too scarce for rural elderly. The latter face significant costs for transportation to requisite services and much effort is devoted to estimating such costs for program design (Wozny, et. al; 1981). Policy research thus suggests that such costs constitute barriers for improving the quality of rural living for senior citizens because of isolation, transportation gaps, and travel expenses.

While not denying the interest for such questions, nevertheless, it remains paradoxical that we have been unable to re-frame our efforts and recognize the genuine importance of such features of the rural environment for contributing to a meaningful aging experience. Surely, to convert rural services into urban counterparts on the basis of wishing-away the "burden" of rural environmental features paradoxically seeks destruction of an element of rural living essential to its character. We might wish to transcend geographical distance, perhaps even modify it somewhat, but we need never forget that such geographical characteristics must be retained as opportunities, not negative barriers. Aging policies must re-affirm the environment not transfer it to another mileau entirely; i.e., make "rural" a kind of mini-"urban" situation. We need research on the positive contributions and potentialities for aging possible in such an environment.

One possibility recognizes an elder-environmental complex for rural aging processes at best only hinted at in current studies. Rowles' work (1978) done initially with urban elderly and more recently concerned with rural aging in Appalachia (1980 and 1981a and 1981b) provides micro-level studies of the meaning given to geographical space by rural elderly. This work needs to be done on a more extensive scale, perhaps involving techniques like "mental mapping" (Gould and White, 1974) applied to rural situations. How do rural elderly incorporate into their meanings for daily life the location features of their environment? Which of these features are salient for them? Where do aging services rank in their interpretations of their geographical space?

Other techniques could be applicable here---for example, those illustrated in urban studies (Warnes, ed., 1982); or the use of remote sensing technologies like ERDAS (Earth Resources Analysis System); or utilization of geographically sophisticated information techniques such as UGIS (Universal Geographic Information Systems) to build IMGRID files (Information Manipulation on a Grid) for constructing generative modeling combining fixed transportation systems, service location, and interpretive meanings of the environment for understanding how rural elderly negotiate their environmental features as a qualitatively important dimension to rural aging processes. We need to incorporate environment in research on rural aging as a conceptual component of the social thought of rural elderly (Sack, 1980), and relate that process to service utilization patterns.

(3) Meaning of Rural Aging Experience/Process: An Excursion into Hermeneutics

An important contribution of gerontological studies to the understanding of aging focuses upon "myths" of aging captured in values, attitudes, and stereotypes held about aging by elderly and by non-elderly. Other work has examined self-images in special sub-populations of elderly (i.e., women) or even among service providers themselves. Often the question has been posed in the context of whether or not elderly lose esteem and prestige in industrialized societies as opposed to traditional societies. Curiously, the paradoxical element remains unstated---namely; on the one hand industrialization created the conditions for a "greying" of society; while on the other hand, debate devotes itself to the loss of value for elderly citizens. We seem to create the conditions to allow aging yet disavow aging as a stigmatized or roleless role.

I have sought a different approach to understanding the meaning of aging experiences, based upon social theory emanating from European social thought in the tradition of critical theory. My interest lies in exploring the "natural" occassions under which aging becomes a factor in self-image and self-actualization in rural environments. How is one reminded of aging? By the Area Agency on Aging? By social gerontologists doing research? By needs assessment surveys? By reading the Older Americans Act? What are the reflexive dimensionalities to aging and how can those dimensionalities be researched?

With support from the Administration on Aging, initial efforts have been made in this direction (Sutherland, Shelly, Rodgers, 1981). Appendix A contains one project paper relating directly to the issue of meaning and also provides sufficient details for the research design and characteristics supporting this discussion. I propose at least three reflexive dimensionalities to the aging experience: (1) technical: the cognitive meaning and knowledge about aging by a person; (2) hermeneutic: the discursive processes involved in the linguistic decoding processes employed by a person in language-presentations and discussion of his/her aging; and (3) emancipatory: the practical actions taken by a person reflectively motivated through the intersection of (1) and (2) with the intentionality of creating possible futures in which aging occurs.

The Kinship-Information Rural Aging Project allows initial assessments of the first two dimensionalities: Rural elderly were given the Palmore Facts About Age Quiz (probably the first time ever done in rural studies) to assess their cognitive knowledge about aging; they were then asked (rather innocently) to inform us about the difficulty in talking about a range of topics, among which was aging. The results were unexpected.

Rural elderly females in this sample displayed a remarkable consistency and tightness to their cognitive orientations to aging (See Table 1 in the Appendix). Moreover, their Quiz scores correlated with other kinds of socio-demographic characteristics and activities. Rural males displayed virtually no cognitive coherency---they seemed to occupy a different social world altogether relative to rural women. The small sample size disavows much confidence as to generality to other rural elderly (I have just obtained data on Palmore scores for some 900 rural elderly for additional examination of this finding), but the theoretical intent of this research seems promising. We really know very little about male/female differences in such basic orientations to the aging process in rural environments, how rural environments help understand aging orientation, nor how aging orientation relates to program participation in Older American Act programs.

(4) Data Base Reliability: Self-Reports or Expert Analysis/Individual-Grounded Policy or Structural Constraints

I have elsewhere explored this issue (Sutherland, 1981b) and condense that discussion here. Considerable care is required in order not to misunderstand the issue raised in this section. One of the more fundamental assumptions in gerontological research has us adopt the strategy that knowledge about aging must logically/reasonably come from aging persons. Hence the considerable efforts devoted to needs assessment methodologies by aging agencies or the careful collection of data-reports from elderly.

However, it is by no means evident that individually-based reports accurately supply gerontological foundations for aging knowledge. That is, I would distinguish four phases of gerontological knowledge: "of" elderly; "for" elderly; "by" elderly; "with" elderly. Moreover, all four knowledge types must be researched systematically and thoroughly---yet most research projects ignore one or more. One could interpret much of social gerontology as an exercise in demonstrating how eldely themselves provide flawed imageries (myths) of aging and that a potential problem in research is the formation of aging policy based upon elderly self-proclaimations.

This can be illustrated in rural aging health patterns. Table 1 provides aggregate data from a very recent Vital and Health Statistics report. Because of national sampling procedures, data collected for farm areas necessarily results in significant sampling error. Nevertheless, a structural pattern of impairment differentials exist to the detriment of rural elderly. (This rural-urban health differential is also reflected in

TABLE 1

PREVALANCE OF SELECTED IMPAIRMENTS FOR ELDERLY 65+: URBAN VS. RURAL, UNITED STATES, 1977

	METROPOLITAN AREAS		OUTSIDE METROPOLITAN AREAS	
	CENTRAL CITY	OTHER	NONFARM	FARM
VISUAL IMPAIRMENTS	220.9	212.0	230.1	192.4
SEVERE VISUAL IMPAIRMENTS	47.5	38.0	48.5	40.6**
OTHER VISUAL IMPAIRMENTS	173.3	174.0	181.6	151.8
SPEECH IMPAIRMENTS	8.4	8.8	11.4	9.2**
PARALYSIS	25.5	23.3	30.8	23.6**
ABSENCE OF FINGERS OR TOES	17.9	15.9	32.1	28.8**
HEARING IMPAIRMENTS				
65-74	211.3	229.0	272.8	288.4
75+	363.4	367.0	417.2	434.6
IMPAIRMENTS				
UPPER EXTREMITY OR SHOULDER	26.3	23.8	33.9	40.6**
BACK OR SPINE				
65-74	67.3	64.6	68.0	47.4**
75+	69.5	58.8	77.6	42.2**
LOWER EXTREMITY OR HIP				
65-74	68.4	61.2	59.4	70.2
75+	95.2	77.8	96.1	88.6**

*RATES PER 1,000 POPULATION

**MORE THAN 30-PERCENT RELATIVE STANDARD ERROR

SOURCE: VITAL AND HEALTH STATISTICS (1981) the OARS assessment data discussed in Sutherland, 1981a).

However, rural elderly themselves rarely characterize the rural environment as a health-harzardous situation for elderly; indeed, it is the urban situation that is deemed more dangerous for an older person (here crime is usually cited). For that matter, a rich American tradition exists that is pro-rural and anti-urban in value descriptions of those environments. Is one to "counteract" the mis-perceptions of lay individual rural elderly with that of the "expert" knowledge of the gerontologists?

The task is neither to dismiss nor uncritically accept at face-value assertions made by rural elderly about their circumstances. The task is to foster communicative mergers of "gerontological" knowledge with the immediate social worlds of rural elderly. This knowledge-complex-process has not been researched. We do not know how to merge "structural data" on rural aging phenomena with the social world of rural elderly themselves---and to do so in such fashion that would be productive for policy development. Current research practices do not routinely require researchers to "report back" directly to those elderly from whom information is extracted.

(5) Rural Aging Practice: Instrumental-Technical Programmatic or Discoursive-Incorporative Evolutionary

I believe that much gerontological research acquires value when translated into policy---but that the research modeling of such processes is too restricted and traditional. Indeed, federal policy encourages this view of research-policy by treating rural aging issues as technological in natura (I have heard programs described as "technical" programs).

I would propose instead a researchable model in which policy development requires a discoursive mode of exchange that seeks to incorporate gerontological knowledge as part of an evolutionary program development. For example, rural gerontology, like aging studies in general, often comments on the expected differences in rural elderly in the future in comparison with current older citizens in rural environments: educational achievement will be higher, health status better, family size smaller, etc. Can we begin research now on evolving "new" rural cohort problems as evidence of program success criteria?

Another example: Wennberg and Gittelsohn (1982) studied general health care in "small areas" in three New England states. Though not a study explicitly on rural aging, it clearly pertains to health care in rural situations. They suggest that an important (if not major) factor critical for reducing unnecessary medical usage is an informed patient assertive enough to seek second and even third physician consultation. Is an informed rural elderly person possible? How can that question be researched?

(6) Rural Environment: Tradition or High-Tech Potential

The current American focus on high technology, new computer generations, and information-processing revolutions might seem unrelated to rural aging research. However, the National Research Conference on Technology and Aging project currently underway did include a Rural Environments workshop at its first meeting last summer. The two papers prepared for that workshop (Coates, 1981 and Windley, 1981) will hopefully be only the first of a series to explore implications of technology for rural aging. Research on applications/implications for technological innovation pertinent to issues in rural aging is virtually nonexistent. Indeed, a major intent of the first Conference was informational and educational in getting gerontologists, business, and technological experts to become aware of respective capabilities and interests for development of future product markets and developments for elderly populations.

(7) Rural-Urban or Rural-Rural Aging Comparisons

Rural gerontological studies classically understand rural aging in comparison to urban aging patterns. This probably reflects the traditional rural-urban continuum issues in rural sociology and rural development research. This research strategy will no doubt continue.

Yet it is possible to begin voicing an alternative research need---namely, serious and full attention devoted to studies of rural aging patterns in different rural regions of the country. Is there serious reason to take for granted that aging in rural Appalachia will accurately inform aging processes in the Midwest? Southwest? Far West? Do New York rural elderly inform us of events encountered by senior citizens in the Dakotas? Are Spanish-speaking older persons in California similar to Kentucky hill elderly? Since rural elderly constitute about one third of older Americans, is it not reasonable that we should promote research activities seeking understanding of the rural-regionalism existent in this country?

(8) Rural Aging: Handmaiden of Urban Elderly or Forerunner for Urban Elderly

With good reason, most research activities in aging concern themselves with urban elderly; rural studies continue as a kind of second-cousin enterprise. Yet, I believe the potential for imaginative and fundamental work in aging will occur in rural aging research. Unlike urban studies, research in rural environments recognizes explicitly or implicitedly a long standing commitment of the field: the recognition that all endeavors seek to maintain the existence of rural character to aging events. However difficult to analytically define or describe, this tacit commitment to the integrity of the environment places a profound research obligation for rural aging studies: To preserve that that gives the older person his/her rural character to their aging. This research sensitivity to a social mileau to aging is not as prominent in studies of urban elderly. (Important exceptions exist to this assertion; i.e., SRO studies. Yet the general point remains.)

Rural aging research commits itself not only to uncovering basic gerontological knowledge about aging, but also commits itself to maintenance of the rural social environment in which aging patterns occur. We do not have an adequate knowledge base for accomplishing these tasks well. On the one hand, rural gerontologists are aware that mechanistic transferal of urban aging results and practices to a rural environment will not do; on the other hand, we still lack command of rural aging knowledge to fully construct aging programs for rural elderly. If we could acquire the capacity to understand and intervene appropriately in individual aging events for rural elderly and do so simultaneously maintaining the integrity of the rural experience for such people, we will have a knowledge base and practice powerful indeed for consideration by urban gerontologists. It is in this sense, that considerable promise exists for rural gerontological research efforts.

Concluding Remarks

I have sought here to identify examples of researchable problems reflecting gaps in our knowledge about rural aging events, issues, and processes. In doing so, my intention was to stretch our imaginations for producing gerontological knowledge. I have no doubt that excellent, solid work will continue along more traditional and mainstream streams of thought that typify current generation of rural aging research.

Yet I wish to argue for sufficient room to explore alternative theoretical traditions for generating research problems in rural aging.

Such traditions are reflected in the discussion presented above: proposed study of at least three reflexive dimensionalities to the aging process--technological, hermeneutic, emancipatory--; nation-wide rural studies of aging in various rural regions; research designs that require the incorporation of elderly as a test of study results (i.e., are results convincing enough to be incorporated into daily social worlds of rural elderly); and examination of language-dimensioning to rural aging through analysis of aging as discoursive practices. Other kinds of studies come easily to mind: identify the most extreme rural counties as defined by the variety of definitions of rural existent in federal policy guidelines for defining what ought to be core rural aging environments (McCarthy and Morrison, 1979:22 list 623 of 2,469 nonmetropolitan couties as the most rural using 1970 Census definitions); develop new indicators of gerontological well-being for U.S. counties modeled after the work by Ross, Bluestone, and Hines, 1979 using the 1970 Census to generate social indicators on a county basis for the entire country; or mental-mapping assessments of rural aging programs and services combining 1980 Census data at enumeration district levels for developing detailed studies of potential rural clients matched to delivery designs. For relatively modest costs, a feasible project would be centralized analysis of secondary data on rural aging already available in such age-data archival systems currently existing at Michigan and Duke for identifying commonalities and gaps.

But if pressed to advocate for research activities expressible in one word, that word would be "thinking." An American Nobel Laureate is said to have remarked that he could get a research grant anytime he wanted, but it was not possible to get a research grant on what he wanted to do. Any emerging federal research policies on rural aging studies will properly identify research guidlines for such activities. Possibilities need to be created that allow for alternative ways of framing research questions, that allow for supporting basic thinking about rural aging, and that allow for even futuristic modeling for rural aging services twenty years from now. However demanding and critical current assessments of rural elderly now living in rural America are, we do need research efforts aimed at future cohorts of older Americans arriving in rural environments as we end this century.

Given the current times of extremely limited resources available for widespread demands, better utilization and support of researchers interested in rural aging must occur in ways that aid policy decisions. The recent creation of the Office of Rural Development Policy within the Department of Agriculture involves appointment to that office of a Rural Aging Specialist. Without question, that officer should expect and request cooperative help from those of use seeking better knowledge about rural aging. Answers to the research gaps identified in this statement will contribute to those efforts on the federal level.

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Appendix A

(20)

Rural Sex Role Difference in Perceiving Age: Sociological and Anthropological Findings*

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Introduction

Competing theoretical and methodological approaches abide in social science examination of gerontology; indeed, without much difficulity, one can readily identify a dozen theories that have been proposed in studies of aging ranging from disengagement theory to socio-cultural theories to age-stratification theory. Methodologies range from case studies to national survey projects to participant observation research. Typically theories of gerontological phenomena are displayed in terms of contrasts and similarities within a particular study, but usually a central framework provides the orientation throughout the work. Methodological complexities are more rarely located within a discourse of contrasts and similarities, but reported research typically implores one dominant style of data collection and analysis. Given the current conceptual status of social gerontology resting on a kind of theoretical mind field and given the usual variety of social science research strategies available, no definitive framework exists for conducting aging studies. Rather obviously, researchers must make decided choices framing questiona and developing projects.

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*This paper is based on research carried out under Administration on Aging grant 90-AR-2069 awarded by the Department of Health and Human Services, Office of Human Development Services. Presented at Annual Meeting of the Gerontological Society, November 8-12, Toronto, Canada.

The Ohio Kinship Study Project developed with the conscious intent of combining several theoretical interests of the researchers around a series of empirical questions about aging processes occuring within a common context---namely, selected aspects of aging in a rural environment. An especially unique aspect of this project recognized from the the creation of the study the desire to respect theoretical diversity. One project goal was to combine the strengths of theoretical frameworks focusing on related aspects of rural aging. The project reflects an unusual combination of theoretical interests within social gerontology. On the one hand, the senior author has been interested in Habermas' critical theory----an approach not within the mainstream of American sociology, much less social gerontology. On the other hand, the other authors have strong interests in symbolic anthropology and a social construction of reality approach to aging. The points of convergence in designing our research and in interpretation of findings have provided an unusual richness in substantive findings from the project.

These theoretical interests also impacted upon the methodological foundations to the project. The data-gathering mechanisms reflect joint collaboration between two research traditions: survey data gathering techniques and the employment of intensive, in-depth ethnographic study. Indeed, the methodological richness of combining and integrating empirical techniques often seen as divergent proved to be one the substantive findings resulting from the research (Shelly and Rodgers-Siregar, 1981).

Our theoretical frameworks employed colloboratively resulted in each of us contributing to various aspects of the design of the survey instrument used and the nature of questions employed in the ethnographic work. This particular paper illustrates the unexpected richness of such efforts and we believe constitutes an unusual situation. On the one hand, the dependent variable (sex differences in images of aging) reflects the work of the senior author in seeking to apply critical theory to aging. On the other hand, the contextual analysis of that variable (the independent variables) reflects the interests of the other authors in the symbolic meaning and social construction of realtiy theoretical applications for the analysis of aging as a social phenomenon. We thus seek not theoretical competition but theoretical colloboration for understanding and posing an unexpected substantive finding resulting from our empirical investigations among rural elderly.

Background of the Ohio Kinship Study

Our research project examined selected aspects of aging issues about rural elderly residing in a southeastern county in Ohio. Two fundamental phases were operative in the data-gathering process. The anthropologist lived in the county some 9 months prior to actual administration of the survey instrument, and began the fieldwork study of the project before the survey was initiated. Her study in Grantview focused upon 46 households in which more than half contained members over the age of 55. In addition she was involved intensively in various aspects of community life of elderly ranging from village activities to senior clubs to trips to the regional senior citizens center to participation in senior trips to fairs and other events outside the county. In addition towards the end of the project she conducted additional interviews in one of the larger "cities" located near the village. In general, her research activities allowed rather intensive and extensive documentation in considerably symbolic detail of the natural social systems and linguistic systems constituted among these rural elderly.

The survey phase of the project drew upon two distinctive subsamples of these country rural elderly. The local aging agency cooperated fully with the project and provided us with a list of their service users. We sampled from this list in order to develop a "user" subsample of rural elderly. "Non-users" was a residual category and as no list of non-users existed, we resorted to a sampling plan which involved a variant of the Propability Proportionate to Size design developed by Sudman (1975). The "user" list provided some 700 names of which 140 names were randomly selected and 79 completed interviews were accomplished (the relatively low rate of completion is attributed to stale addresses on the lists and deceased individuals). We targeted 100 interviews to be accomplished through the county-wide sampling process and completed 91 interviews. More detailed information as to the steps taken to assure sex representation as well as assuring a "rurality" to the sample is available elsewhere (Sutherland, Shelly, and Rodgers-Siregar; 1981).

The survey instrument addressed a range of interests, covering topics about individual, family, community, and targeted services. It also covered household composition, contact with kin, community involvements, contact with friends and neighbors, and information on organizational memberships. The particular focus on this paper entailed aspects of the survey instrument discussed below.

Aging as a Knowledge-Generated Complex : Critical Theory and Aging

The work of Jürgen Habermas hardly constitutes a "household" name within contempory American sociological theory, much less within contempory social gerontology. For a number of years the senior author has been working within the tradition of critical theory seeking to both understand and apply such theory to relevant subdomains of sociology. In particular, the early part of Habermas' work dealing with the elaboration of a framework relating human interests and knowledge production seems of particular promise and this section will briefly summarize his understanding of that aspect of Habermas' schema for use here (a more detailed statement of that understanding is available elsewhere and is posed in a more general format--Sutherland, 1979).

Habermas poses three kinds of "media" that characterize the way humans reside in the world and interact/interrelate with the material world and wach other. These "media" point out generic human interests opeartive respectively in each domain; that is, associated with each medium is a particular kind of human interest and a particular constellation of knowledge-structures. Associated with "work" activity is instrumental-technical knowledge; that is, knowledge capable of relating "objectively" to direct exchanges with the material world. Associated with "language" is hermeneutical knowledge; that is, knowledge reflectively produced as a consequence of linguistic discourse. Finally, "emancipation" poses the reflexive capacity of humans to imagine possibilities yet-to-be-realized and the kind of knowledge inquiry associated with this interests is "critical" knowledge. While not germane to this paper, we speculate that this dimension points to a distinction between "practice" and "praxis."

The senior author sought to develop two empirical indicators reflecting the first two media within the context of gerontological research. For the idea of "instrumental knowledge" our survey instrument included Palmore's Facts About Age Quiz; for the reflexive dimension of "hermeneutical-discourse" we incorporated a range of questions concerning respondents' feelings about age as a topic of discourse relative to other potential topics of discourse. Again, a detailed discussion of that analysis is posed elsewhere and we wish to present only the essentials relevant for this paper (Sutherland, 1981). The administration of Palmore's quiz about factual knowledge of aging to is surprisingly a novel application. Palmore (1980) identified 50 different groups of subjects in 25 studies representing 3,251 respondents to the scale. Virtually all these subjects are "captured" audiences (students, faculty, workshop participants) and we estimate from his data that only 150-200 in 4 studies were themselves "aged." Rural elderly do reflect patterns of "information-images" about aging in responding to the scale. The sample mean was 13.14 with a standard deviation of 2.87.

However, in accordance with Habermas' model, the critical finding concerned whether or not "instrumental" knowledge of aging related to "discoursive" practices of these rural elderly. Table 1 shows the major finding of the attempt at seeking empirical application of Habermas within a gerontological context.

The limitations of the sample size allow examination of sex differentials only by sub-dividing the respondents accordingly. Clearly a distinctive sex-differentiated pattern emerges. Females demonstrated an extremely strong coherent pattern linking knowledge about aging to all the topics of discourse included in the survey instrument. On the other hand, males revealed an almost anomic state of connectedness between their knowledge of aging and willingness to deal with topics of discourse. The pattern of sex-diffenentials in "information-images" of aging define the dependent variable for analysis in this paper. The kinds of variables available on the instrument for helping understand this pattern were selected from the theoretical perspective of an approach seeking a social construction of reality modeling of the aging process.

The Social Construction of "Information-Images" of Aging: A Sex-Differentiated Constellation

Table 2 shows the associations between Palmore Scale scores and selected variables for our rural elderly. The selected variables include typical demographic variables of age, education, marital status, and residence. They also include more complex phenomena ranging from social ties with kin or friends and involvement in community structure ranging from general activity to use of targeted services. A strong sex-linked pattern exists. For females, 7 of the 9 correlations with aging knowledge are significant; but for males, only 2 are.

Male knowledge of aging relates only to involvement in public services and contact with friends. For females, again, a more complex and coherent pattern imerges. Their knowledge of aging relates to their own age, education, marital status, residence, public service use, general activity, and use of targeted services for the elderly.

Finally, we examined a more detailed mapping out of associations of demographic and service variables with feelings about topics of discourse. Table 3 provides those data.

Age is related to feelings about discussing income and politics. Older people find both topics easier to discuss than do younger people (r = -.159, r = -.165). The pattern is sex specific only for politics, with females more likely to find politics easy to discuss if they are older.

Sex is significantly related to feelings about aging, income, and health. In all three cases females find these issues to be more difficult topics of conversation than do males. Sex is not related to any of the other feelings about topics of conversation.

Residence is related to feelings about aging, income, health, family, politics, and religion as topics of conversation. With the exception of family as a topic of conversation, rural residents find these issues more difficult to talk about than do town residents. Only religion and politics are sex specific: rural males find religion a difficult topic, while rural females find politics a difficult topic.

Education is related only to aging as a topic of conversation. Better educated people find aging more difficult to talk about than do others. Controlling for sex reduces this relationship to non-significant proportions, however.

Marital status is related to feelings about income, health, family, and religion only when sex is controlled. Marital status is related to feelings about politics, with married respondents likely to find politics a difficult topic of conversation. When sex is controlled income is an easy topic for married males, and a difficult one for married females. Health is a difficult topic for married males. There is no association between health and marital status for females. Family as a topic of conversation is difficult to discuss for single females; there is no association for males. Married females find religion to be a difficult topic, while no association exists for males.

Income as a topic of conversation is easiest for those with higher incomes. Controlling for sex shows this to be especially true for males, and not true for females. Income is also related to feelings about family as a topic of conversation. Higher income people find family a difficult topic. This difference disappears when sex is controlled, however.

Activity in the community as measured by the general activity index of public service use is related only to feelings about aging and income as topics of conversation. In the case of both sets of indices this is especially pronounced for females and in three out of four cases not true for males. Being active makes it more difficult to talk about aging and income than does not being active, but only for females.

Family variables which have an impact on feelings include sex specific effects for feelings about aging, income, family, and politics. Females with dense offspring networks find aging and income difficult topics to discuss. Females with dense sibling networks find family an easy topic to talk about. Politics as a topic of discussion is related to density of the network of other relatives for both males and females. Males with dense other relative networks find politics an easy topic, while females find it a difficult topic, if they have other relatives nearby.

Contact with friends is highly sex specific in its effects on topics of conversation. The global index of targeted service use is not related to any of the feelings questions. Only when the more specific indices are introduced do any patterns emerge. Associational services are related to feelings about friends and feelings about religion, but these associations are sex specific. Females involved in associational activities are much more likely to find talking about friends and religion difficult than any other group in the sample defined by sex and service use. Males who use welfare-oriented services are likely to find politics a difficult topic to discuss. No other group exhibits this pattern.

The use of services which the respondent must leave the home for are related to feelings about health, politics, and friends. In all three cases the relationship is highly sex specific. Females involved in these services find health an easy topic of conversation. However, they also find friends difficult to talk about if they are using these services. Males find politics a difficult topic of conversation if they are using these services.

Targeted services which come to the respondent are related to feelings about aging, income, health, friends, and politics as topics of conversation. Once again the pattern is sex specific. Females who receive these services are likely to find aging a difficult topic. A similar result obtains with friends as a topic of conversation for females. The relationship with income as a topic of conversation disappears for both sexes in this case. Males who receive services which come to them are likely to find health a difficult topic of conversation.

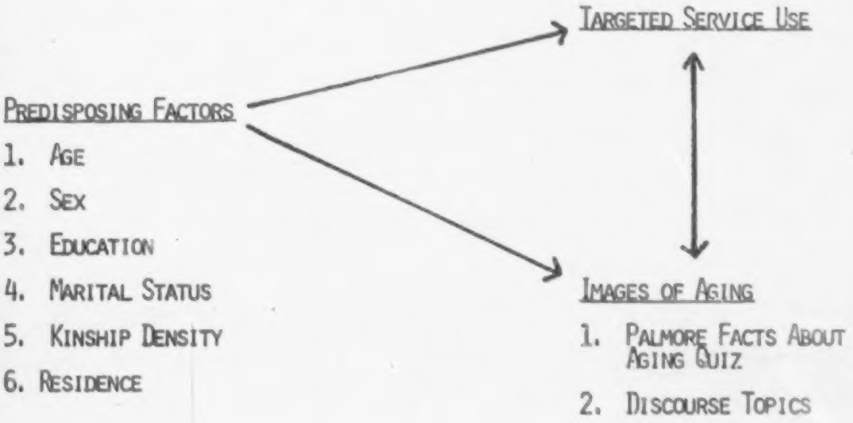
Overall, the measures of feelings about topics of conversation repeat the patterns of highly sex specific results we have observed throughout the data. The lack of relatively large numbers of associations for males in this data suggests that topics of conversation are not related to aspects of family, community, and targeted service use if one is male. The pattern we observe for females suggests that rural women lead much more fully integrated lives in the sense that their responses to cognitive, affective, and behavioral questions are more likely to correspond to one another.

We much admit candidly that the consistent sex-linked patterns revealed in our data were unexpected. Indeed, the Palmore score data and especially the associational patterns revealed in the rather innocently designed question about topics of discourse proved especially serendipitiaus in nature for the project. One possible modeling for relating these findings is given in Figure 1. There we provide a broad division of pre-conditional variables related to the production of information-images about aging as well as indicating the admitedly not fully understood patterning of the impact of aging information images held by rural elderly in terms of the critical issue of involvement with programs for senior citizens. Clearly some of such program involvement is reflective of the usual traditional socio-economic variables employed in gerontology.

However we do believe that we are uncovering a new level of events emerging from the rather abstract theoretical foundations of critical theory. The particular sex-linked pattern of our study also calls for considerable additional work.

FIGURE 1

A SIMPLE MODEL OF AGING IMAGES AND SERVICE USE.


TARGETED SERVICE USE
PREDISPOSING FACTORS
1. AGE
2. SEX
3. EDUCATION
4. MARITAL STATUS
5. KINSHIP DENSITY
6. RESIDENCE
IMAGES OF AGING
1. PALMORE FACTS ABOUT AGING QUIZ
2. DISCOURSE TOPICS

Female Dimensioning to Aging: Reflective Conclusions

While it has long been recognized that sex-differentials exist in aging patterns that favor the longevity of females over males, and studies on such issues as widowhood and estrangement have been done on female aging, the recent establishment of a National Policy Center on Women is indicative of the emergent concerns with how aging impacts upon women. And even though early studies of rural aging focused predominately upon males, the persistant sex-patterns discovered in our research indicate the necessity for greater awareness of such differences in future studies of rural aging.

It might be useful to relate our theoretical location of this issue by comparison with several recent studies dealing explicitedly with female elderly.

Certainly the impetus of a social construction of reality approach is not new. Matthews work (1979) falls clearly withing this tradition and indicates that the social meaning of old age has little to do with biology per se, the difficulties her elderly women faced were concerned with having to confront stigmatized labels applied to older women. But her emphasis was upon the impact of societal definitions upon these women, not upon their cognitive grasp of the aging process.

Others have used a combination of survey methodology with psychiatric interviews with a focus upon women during middle age - transitions (Datan, Antonovsky, and Maoz, 1981). Their emphasis was on issues other than the question raised here concerning framing aging as a knowledge-generated activity. And a research strategy is clearly evident in which linkages are sought between the special aging processes encountered by women and psycho-sexual personality orientations (Sinnott, et. al., 1980). This research emphasis stresses "role" patterns appropriate to males and females and whether or not older persons must respond to an androgynous social expectations with advancing age.

For the moment our thinking does not work within an examination of sex-role theory; although, that may play a role in the generation of aging knowledge. And the small number of cases involved in a case study does not allow full confidence in the merit of employing Habermas' schema for arguing that aging is a special subset of his larger program linking human interests with knowledge. If we are able to generate additional empirical support for these ideas, the next step is an argument within the tradition of critical theory that would link age-related discourses to the generic problem posed by Habermas under his discussion of "distorted" and "undistorted" communication processes relevant to, among other processes, the formation of public spheres. It would raise the question of processes of "domination" applicable to gerontological phenomena.

On the other hand, further development of our social construction of reality concerns would locate rural aging in a tradition especially sensitive to the elements of social structure, symbolic-codes, and self-constructions as reflections of location in social systems. That theoretical interpretation of aging events has not been much employed in social gerontology.

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TABLE 1 CORRELATIONS OF PALMORE SCORE WITH TOPICS OF DISCOURSE: TOTAL SAMPLE, MALE ONLY, FEMALE ONLY

TOTAL SAMPLE (N=170)

	PALMORE	AGING	INCOME	HEALTH	FAMILY	FRIENDS	POLITICS	RELIGION
PALMORE		.242*	.268*	.190*	.076	.093	.332*	.189*
AGING			.423*	.274*	-.133	.085	.076	-.006
INCOME				.163*	-.175*	-.008	.284*	.048
HEALTH					-.114	-.039	.115	-.043
FAMILY						.421*	.071	-.019
FRIENDS							.104	.118
POLITICS								.207*

MALES (N=74)

	PALMORE	AGING	INCOME	HEALTH	FAMILY	FRIENDS	POLITICS	RELIGION
PALMORE		.134	.189*	-.028	-.068	-.117	.076	-.088
AGING			.474*	.160	-.345*	-.026	.050	.035
INCOME				.086	-.169	-.213*	.155	.004
HEALTH					-.232*	-.051	-.043	.026
FAMILY						.551*	.088	-.065
FRIENDS							.103	.050
POLITICS								.120

FEMALES (N=96)

	PALMORE	AGING	INCOME	HEALTH	FAMILY	FRIENDS	POLITICS	RELIGION
PALMORE		.334*	.356*	.333*	.169*	.247*	.468*	.370*
AGING			.355*	.391*	.100	.218*	.100	-.017
INCOME				.249*	-.155*	.229*	.395*	.116
HEALTH					-.014	-.033	.224*	-.112
FAMILY						.271*	.055	.004
FRIENDS							.105	.176*
POLITICS								

*SIGNIFICANT (P .05 OR MORE)

TABLE 2 - ASSOCIATION BETWEEN PALMORE SCALE AND SELECTED AVRIABLES FOR THE TOTAL SAMPLE, MALES AND FEMALES[1]

Variable	Total Sample	Males	Females
1. Age	-.224	-.127	-.230
2. Education	.167	.139	.200
3. Marital Status	.228	.118	.278
4. Residence	.109	-.058	.195
5. Sibling Density	.149	.175	.140
6. General Activity	.146	.140	.176
7. Public Services	.229	.210	.252
8. Contact with Friends	.140	.182	.147
9. Assocational Services	.108	.045	.175

[1] Pearon's r values greater than .125 are significant for the total sample. Values larger than .135 are significant for males. Values larger than .165 are significant for females.

TABLE 3 - ASSOCIATIONS BETWEEN FEELINGS ABOUT TOPICS OF CONVERSATION AND SELECTED DEMOGRAPHIC, KINSHIP, COMMUNITY AND SERVICE VARIABLES[1]

		TOTAL SAMPLE	MALES	FEMALES
FEELAGING:	SEX	.145	*	*
	RESIDENCE	.140	.166	.161
	EDUCATION	.132	.082	.152
	OFFSPRING DENSITY	.089	.021	.169
	GENERAL ACTIVITY	.176	.077	.210
	PUBLIC SERVICE	.133	.132	.216
	TARGET E	.131	-.068	-.198
FEELINCOME:	AGE	-.159	-.182	-.151
	SEX	.132	*	*
	RESIDENCE	.238	.290	.237
	INCOME	-.140	-.343	.114
	MARITAL STATUS	.006	.172	-.252
	OFFSPRING DENSITY	.032	-.013	.184
	GENERAL ACTIVITY	.213	.042	.321
	PUBLIC SERVICES	.321	.186	.425
	TARGET E	.130	.054	.130
FEELHEALTH:	SEX	.166	*	*
	RESIDENCE	.320	.289	.307
	MARITAL STATUS	-.094	-.240	.052
	FRIEND CONTACT	-.106	.020	-.194
	TARGET D	-.100	.076	-.175
	TARGET E	.067	.210	.009
FEELFAMILY:	RESIDENCE	-.292	-.236	-.334
	INCOME	.157	.106	.150
	MARTIAL STATUS	.070	-.014	.257
	SIBLING DENSITY	-.092	.098	-.253
	OFFSPRING DENSITY	-.222	-.236	-.244
FEELFRIENDS:	TARGET	.140	.090	.224
	TARGET B	.179	.105	.278
	TARGET D	.140	.134	.188
	TARGET E	.147	.055	.260
FEELPOLITICS:	AGE	-.165	.063	-.307
	RESIDENCE	.168	.077	.223
	MARTIAL STATUS	.133	.176	.200
	TARGET C	.115	.211	.094
	TARGET D	.134	.179	.132
	DENSITY OTHER RELATIVES	.027	-.263	.190
FEELRELIGION:	RESIDENCE	.105	.257	-.033
	MARIRAL STATUS	-.063	.119	-.173
	FRIEND CONTACT	.129	.073	.213
	TARGET B	.054	-.113	.202

[1] PEARSON'S R VALUES GREATER THAN .125 ARE SIGNIFICANT FOR THE TOTAL SAMPLE. VALUES LARGER THAN .185 ARE SIGNIFICANT FOR MALES. VALUES LARGER THAN .165 ARE SIGNIFICANT FOR FEMALES

ITEM 3. STATEMENT BY THE NATIONAL CAUCUS AND CENTER ON BLACK AGED, INC.

Senator Pressler and Members of the Committee on Aging, the National Caucus and Center on Black Aged commends you for holding hearings on the needs of the rural elderly. Older Americans, of course, share many common problems: income, health, housing, transportation, and others. These problems are frequently intensified for the rural elderly who oftentimes encounter greater extremes of deprivation. And, the magnitude is even more serious for rural older Blacks who suffer multiple jeopardy because they are old, Black, and ordinarily poor.

Older Blacks -- especially in the rural South -- were raised in an era when segregation was openly practiced. They were victims of discrimination -- on the job, in the housing market, and elsewhere. They attended inferior schools, notwithstanding the "separate but equal" doctrine. Large numbers were forced to drop out of school to help their families. The net impact is that they were shortchanged in being given necessary tools to compete in a society that has become increasingly urbanized, industrialized, and computerized.

By virtually any barometer one would choose to use, older Blacks have a substantially lower quality of life than aged Whites. They are nearly three times as likely to live in poverty than Whites 65 years or older. They run a much greater risk of living in dilapidated, deteriorating, or otherwise unfit housing. Blacks are also in poorer health, and have a shorter life expectancy than Whites.

NCBA's analysis reveals that these problems are oftentimes substantially greater for rural older Blacks. We have gone down the long dusty roads and have seen the people left behind in the rural slums. They may appear to be invisible to our Nation. But, their needs are great, and require immediate attention -- even during this period of great austerity.

These points were made emphatically in NCBA's study of "Informal Social Networks in Support of Elderly Blacks in the Black Belt of the United States". That study focused on nearly 1,800 older persons ranging in age from 60 to 108 years old. About 92 percent of the respondents were Black and 8 percent were White. Key findings from that study include:

o About 72 percent of those older persons had annual income under $3,000.

o Almost 87 percent of those older rural inhabitants had eight years or less of formal education.

o Only 13 percent were employed.

The study concluded:

> "The aging and aged in these rural pockets of poverty and in other depressed areas around the country share many common characteristics in addition to advanced age. Younger family members have grown and moved away; health problems have sharply increased; friends and neighbors have died; many elderly have been forced from their jobs by changes in the economic structures of their communities, by new technology, by the retirement patterns of our society, and by ill health."

Rural aged Blacks -- especially those living in the South -- have repeatedly identified three major problems when interviewed by NCBA staff: Income/employment, housing, and transportation.

Income/Employment

One of the first priorities of business is to promote comprehensive employment policies to maximize job opportunities for rural older Americans, whether they are Black, White, Hispanic, Asian, or other races or national origin. NCBA strongly supports efforts to encourage the private sector to hire more older workers. Our national policies must seek to achieve this goal because the vast majority of jobs for older Americans is still in the private sector. Private industry should be encouraged to locate in rural areas. Programs should be developed or bolstered to provide trained personnel for businesses locating or expanding in rural areas.

Another cornerstone is this strategy is to continue and expand the Title V Senior Community Service Employment Program (SCSEP). Community service employment is essential because many rural older Americans simply do not have the requisite skills to be hired by private industry. They can, though, move into private employment after they learn new and useful skills in community service employment.

NCBA strongly believes that people ought to have a right to work. Our national policies must also be based upon the hard realities of today and not ephemeral myths that may be pleasing to the body politic. We must realize, for example, that some older rural persons may never be employable or only marginally employable. A program such as Title V can provide them with dignity and self respect, while enabling them to contribute to society. These individuals find welfare just as distasteful as those who claim to be paying for it. Title V enables low-income older Americans to move into the mainstream of our society by becoming taxpaying citizens who are rendering valuable services to people in their communities.

NCBA's Rural Senior Employment Program (RSEP) has provided hope where none existed. We have sought out the most disadvantaged in our society, found them, and provided them with jobs. Numerous RSEP enrollees were unemployed for long periods of time -- quite often ten years or more.

RSEP has also provided a shot in the arm for the depressed economics of rural areas in the South. We have contributed directly and indirectly to the economy of these localities by providing additional income for rural older persons to purchase urgently needed services, food, and other necessities.

Title V is clearly an excellent investment for our Nation because the SCSEP more than pays for itself by:

o Enabling older persons to become self-sufficient, instead of relying on public assistance programs such as food stamps, Medicaid, and Supplemental Security Income;

o Helping older Americans to become placed in unsubsidized jobs so that they can become taxpaying citizens; and

o Providing valuable services to local communities.

For these reasons, we urge the Committee to continue to support the SCSEP. We further recommend that Title V be increased to allow more older persons to participate. Clear and convincing evidence exists that there are many aged individuals who are able to serve in their localities if given the chance. NCBA's RSEP projects oftentimes have eight or nine applicants for each position. The ratio would be higher, but project directors do not want to raise the hopes of older persons by advertising the program more -- only to have their expectations dashed because a job does not exist.

A comprehensive income strategy must also focus on those older persons who might otherwise slip between the cracks in our national programs. Expanding employment opportunities is vital and essential for older rural persons who can work. However, about seven out of eight individuals 65 or older do not or can not work for a variety of reasons, such as failing health, lack of job opportunities, negative employer stereotypes about the desirability and feasibility of hiring older persons, and others.

NCBA believes that older Americans should have a decent and livable income. The Supplemental Security Income program is designed to build a federal floor under the incomes of the aged, blind, and disabled. The problem, though, is that the SSI standards are below the government's own bare bones poverty thresholds. NCBA's number one priority for the rural aged, as well as all older Americans, is to eliminate poverty once and for all. We believe that elevating the federal SSI basic grant is the most effective and efficient means to achieve this objective. We further realize that it may be necessary to achieve this goal on an incremental basis. But, this should not deter us from enabling older persons to live their final years in dignity and self respect. A Nation with a gross national product exceeding $3 trillion -- the greatest gross national product in history -- clearly has the resources to wipe out poverty for the elderly.

Housing

Housing is the number one expenditure for the elderly. Many older persons spend at least one-third of their income for housing, and a significant percentage spend substantially more.

Inadequate housing is a major problem for a large segment of our population today. But, it has reached crisis proportions for low-income rural Blacks who may be tucked away in the hollows of Appalachia or elsewhere. Large numbers live in tarpaper shacks that are not fit for human occupancy. They are oftentimes without common amenities that we take for granted, such as running water, indoor toilets, bathtubs, or electricity. Their homes are ordinarily quite old. They were built in a different era when energy was substantially cheaper than it is today.

NCBA favors a balanced response to the housing needs of the rural aged. We believe that the private sector and all levels of government must work cooperatively not only to build more housing but better quality housing and at a price within the reach of older persons who may be struggling on limited incomes.

Our policies should assist, where appropriate, older persons in remaining in their homes. This can be achieved with comparatively little or no additional federal expenditures. Title V SCSEP enrollees, for example, could provide more home repair and weatherization services for older homeowners.

NCBA recommends that the massive cuts proposed in FY '83 for the rural housing programs administered by the Farmers Home Administration be restored. The FY '83 budget would cut the FmHA budget by about 69 percent, from $3.727 billion in fiscal year 1982 to $1.145 billion in 1983.

We are deeply concerned about the enormous reduction in the section 515 direct loan and grant program (from $940 million in FY 1982 to $200 million in FY 1983) and the section 502 low-income housing loan program (from $2.3 billion in FY 1982 to $900 million in FY 1983).

Overall, the Administration's budget would slash the number of federally assisted housing units in rural areas by 67%, from 108,034 in 1982 to 35,395 in 1983. Low-income rural housing would be especially hard hit, plummeting from 96,334 units in 1982 to 35,395 in 1983.

NCBA believes that the Administration's proposal would only add to the economic misery of the rural aged and would intensify their already miserable housing conditions, especially in the rural Black belt. We urge the Committee to take the lead in restoring funds for rural housing programs administered.

NCBA has serious misgivings about the Administration's housing voucher systems. We realize that the Administration is attempting to make limited dollars stretch further. The problem, however, is that a voucher system may simply become a subsidy or windfall for inadequate housing without appreciably improving the supply of quality housing for older Americans, whether they live in rural or urban areas. Older Blacks are likely to be the losers if a voucher plan should replace future commitments to build section 8, section 202, or public housing. The net impact is that there will be no suitable housing for the low-income rural and urban aged without federal leadership and financial assistance.

Transportation

A livable income in retirement is clearly the number one need of the rural Black elderly. However, income alone will not solve all of the problems of older Blacks. Essential services are quite often just as important as income, and in some instances even more important.

Transportation is probably the number one service need of older Blacks in rural areas. Transportation clearly has a multiplier effect. If older Americans are mobile, they find it much easier to adjust to new problems that come with advancing age. But without transportation, the rural elderly frequently experience a syndrome of deprivation.

NCBA's study in the Black Belt found that 38 percent of the rural elderly need transportation assistance. Older Black women were in the greatest need of transportation. Single persons were also more likely to encounter transportation problems than married couples.

Transportation inadequacies are clearly intensifying the problems confronting older Americans. Routine tasks for most younger people -- such as shopping, going to the doctor, or visiting friends -- can become formidable obstacles for senior citizens without cars. In some cases, transportation difficulties can make these chores insumountable obstacles. Too often, the rural Black aged are limited to these choices:

o They can pay a neighbor with their limited income to take them to badly needed services;

o They can walk; or

o They can just do without

NCBA has been told time and again about rural elderly persons who live in "solitary confinement" because they are cut off from their family, friends, and community since they do not have an automobile. We have helped by providing transportation escort services. Our RSEP enrollees have also responded to the call by transporting older persons to vital services.

Much more can be done, though, and without requiring new programs or substantial additional sums of money. For example, school buses during off duty hours -- perhaps from 9:00 a.m. to 2:00 p.m. -- can take seniors shopping, to the doctor or other services.

In addition, surplus government vehicles could be sold at reduced rates to rural area agencies on aging. Moreover, more multipurpose senior centers with minibuses should be established in rural areas to deliver a wide range of services to the elderly.

Conclusion

NCBA wishes to commend the Committee again for its leadership in focusing on the needs of the rural aged. Their problems have been overlooked to a large degree because the elderly in sparsely populated rural areas are usually not as visible nor as vocal as their urban counterparts. But, their needs are real and serious.

We believe our recommendations represent sound and sensible approaches to improve the quality of life for the rural aged. We urge the Committee to support these measures. NCBA stands ready, willing, and able to work with the Committee to implement or work for the enactment of these proposals.

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